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ABSTRACT

The guide describes approaches and considerations involved in school psychologists' communication of information in reports. Following an initial tongue in cheek discussion ("On Skinning Cats, Choking Dogs, and Leaving Lovers") of principles of report writing (such as avoiding using the language of logic and not contaminating interpretations with validating data) by J. Grimes and G. Ross-Reynolds, the same writers focus on "Three Counter Proposals to the Traditional Psychological Report," in which revised formats of the same psychological report are presented. G. Batsche describes "The Referral Oriented Consultative Assessment Report Writing Model," which progresses from review of data through consultative interviews with the referral agent and selection of appropriate assessment procedures for referral questions to selecting intervention procedures. In "Psychoeducational Reports: Converging Multifactored Assessment," F. Gresham reviews the multitract-multimethod approach to test validation and applies the model to psychoeducational assessment and decisionmaking. In a final paper, "Three Year Reevaluations: An Alternative to the Reevaluation-Means-Retest Model", J. Ross-Reynolds details a model that is both summative and formative. (CL)

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Communicating

~~Reporting~~ Psychological Information in Writing

Iowa Department of Public Instruction

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COMMUNICATING
-~~REPORTING~~- PSYCHOLOGICAL INFORMATION IN WRITING

Project Coordinator: Jeff Grimes

1983

Authors

George Batsche, Ed.D.
Psychology Department
Eastern Illinois University
Charleston, Illinois

Frank Gresham, Ph.D.
Psychology Department
Louisiana State University
Baton Rouge, Louisiana

Jeff Grimes
Department of Public Instruction
Grimes State Office Building
Des Moines, Iowa

Gary Ross-Reynolds, Ph.D.
College of Education
Nichols State University
Thibodaux, Louisiana

Jane Ross-Reynolds
Terribone Perrish
Special Education Department
711 Grinage Street
Houman, Louisiana

FOREWORD

This publication contains a variety of models and theoretical positions regarding how school psychologists may communicate information to the readers of their reports. The various chapters present divergent viewpoints on report writing style, but they share one common emphasis: a focus on communicating ideas, not just "reporting". There is no endorsement or assumption any given reporting style or procedures is best. However, some methods of communication are more effective with particular readers. You are encourage to select a communication style that will be appropriate to the intended reader and thereby heighten the probability that your work will be read, understood, appreciated, and ultimately translated into a benefit for the student who is the subject to the report.

J.G.

On Skinning Cats, Choking Dogs, and Leaving Lovers

Jeff Grimes and Gary Ross-Reynolds

ON SKINNING CATS, CHOKING DOGS, AND LEAVING LOVERS

"There's more than one way to skin a cat." You, the reader, yawn, or if not, you should. After all, not only is the opening statement not new, it's trite; you've known that for a long time. And Paul Simon has convinced you that there must be 50 ways to leave your lover, though he names only five, promising, not surprisingly, more than he can deliver. Besides, those of you who have had to actually grapple with the dilemma, instead of flippantly singing about it, know acutely and painfully that the options are actually few and always frought with most unpleasant drawbacks. Choking dogs, however, is quite another matter. As any Southern reader worthy of the appellation knows, "There's more than one way to choke a dog except on clabber." As a matter of fact, dogs, at least Southern dogs, stand in line to choke on clabber while their contemporaries in other regions may prefer different, though equally effective, substances to accomplish the job (e.g., lutefisk, tofu, goat cheese).

Writing psychological reports, however, is quite another matter. We all know there's only one way to write a report, and in order to be judged worthy of the title "school psychologist," we have all mastered the art of report writing, if writing goose step can be considered art. For, while content may vary slightly (the name changes, and sometimes the problem), form is invariant whether trained in 1950 or 1980, in New York, Virginia, Iowa, or California. It's amazing, when you think of it, that 10,000 school psychologists from all over the country produce strikingly similar products, distilling and reducing any kid, problem, or situation to "Reason for Referral, Observations, Test Results, Summary and Recommendations." Who are we, after all, to question this format when trainers throughout the nation value it so highly that they would not think of letting a student graduate without having demonstrated its mastery?

The traditional psychological report that we have all learned to revere (see page 14 for an example) adheres to at least 10 commandments, chiseled in stone somewhere in the moldy Archives of School Psychology, which we have long taken for granted. To wit:

1. DUMP AS MANY PROBLEMS AS POSSIBLE IN THE REPORT.

   The problem dump typically occurs in the first paragraph of the report under the heading "Reason for Referral." In the problem dump, we identify and specify all the problems listed by the referring person either on the formal referral or in the initial conference. The difficulty with the problem dump is not in the statements, per se; they may well be true. The difficulty is that the problem dump leaves the reader confused and unclear as to which areas will be addressed specifically in the report.

2. ALWAYS DESCRIBE THE STUDENT THROUGH ONE'S OWN EYES.

Reports often include a description of the student from our own experiential viewpoint: "Mary is a blond-haired, freckle-faced blue-eyed girl who wears glasses." Perhaps we believe that the teacher may not know what the student looks like, or the parent might confuse this child with other siblings in the family. Another example: "Dana accompanied the examiner willingly to the testing room." This is a common statement in psychologists' reports. Maybe it's there because it's part of our first impression of the child, and, therefore, it is important to us. But how many children don't accompany the examiner willingly? Before including information in the report, we must determine whether or not it serves to transport the reader in a valuable direction. If the information is not valuable, we risk creating a barrier to communicating psychological information rather than building a bridge of understanding.

3. RELY HEAVILY ON TEST DATA IN THE REPORT.

Psychologists' reports frequently place an overreliance on test data with a concommitant underreliance on data obtained through behavioral observation. Many tests are reported which have no bearing on the problem listed in the problem dump. For example, IQ tests are almost always administered to children aged 5 to 12. We don't know why we always do this, but IQ tests are given by school psychologists in the same way that a physician checks reflexes during a physical exam. But, there is one important difference. An IQ test takes an hour, the reflex response test takes 30 seconds. Further, one often sees scaled scores listed in reports, but not discussed. In other reports, scaled scores are discussed at length but have no bearing on the recommendations or conclusions of the case. Sometimes these scaled scores are referred to as "strengths and weaknesses" but are not related to the student's life functioning. In many reports these scaled scores are as useful as biorhythm data or astrological descriptions from the newspaper. Of course, this information can be obtained and discussed at length, but it doesn't affect future action for the student. Unless test data result in unusual conclusions, or address a working hypothesis, they should not be reported.

4. DO NOT CONTAMINATE INTERPRETATIONS WITH VALIDATING DATA.

It is common to find test data presented which have not been validated against behavior in the student's real world. For example, a WRAT reading grade equivalent score of 4.1 may be reported, and the psychologist may imply or directly state that the student can actually read early fourth grade material. However, a child's performance on a standardized test is not necessarily representative of performance in the real world, and until the score is validated we cannot make accurate statements about the child's reading. To validate the reading score, and substantiate the interpretation, we simply give the student an early fourth grade reader from the classroom and calculate the error rate in terms of educational levels: frustration, instructional, or recreational. We also have the

student read paragraphs from other readers, higher and lower than fourth grade to help verify the test data and put it into perspective.

The same comment can be made about the Bender-Gestalt, where emotional indicators are used. For example, "The child shows tendencies (always tendencies, never behavior) of withdrawal and insecurity." We all know that these hypotheses are often not validated by direct behavioral observation, or if so, are not mentioned in our report. Reporting any data, whether projective test data or data obtained from teachers and parents, for that matter, without validation and verification is inappropriate.

5. AVOID USING LANGUAGE OF LOGIC IN REPORTS.

Psychological reports that use the language of logic such as "therefore," "consequently," "thus it is concluded," "these data support the position that" are rare. Typically, one will find that where words of logic are used, the psychologist makes a definitive point. Too often, we present our "scientific data" as though its meaning were self-evident, and all readers would arrive at the same conclusion given the data. It is as if we operate on the assumption that because our instruments are scientific in their design and construction, then our language and interpretation do not need to be scientific. The implications, deductions, or conclusions arising from the data must be reported. We assume that psychologists never collect data for data's sake. Rather, data are always collected to answer a question; therefore, questions and answers must be clearly stated in a lucid report, and the logic between these two must be demonstrated.

6. NEVER, BUT NEVER WRITE "I" IN A REPORT.

It is a real rarity to see the first person singular pronoun "I" used in a psychologist's report. Statements such as "I believe," "I think," "I feel," are apparently considered subjective, and they are, therefore, inappropriate in a scientific document such as a report. But this would be true only if the statements were unsubstantiated, not because we use the word "I." Seemingly, we let our data do the talking for us. Further, we go to great ends to avoid saying "I." For example: "In the opinion of the examiner. . .," or "The reporting psychologist found. . ." The word is "I" and it's a personal opinion. Yes, we may say, "I think," "I feel," "I believe," "I conclude," "I deduct," "I summarize." By saying "I," we risk personalizing our communication, but that is what a report is intended to be--communication between the psychologist and the reader.

7. WRITE RECOMMENDATIONS AMBIGUOUSLY ENOUGH NOT TO BE CARRIED OUT.

A. Self-Referenced Recommendations

Psychologists often report recommendations addressed to ourselves such as, "This student should be re-evaluated in three years." This is the law now a recommendation, and it serves little purpose beyond providing excellent filler and letting the reader know that we are on top of our job requirements.

Further, if re-evaluation is contingent upon someone's reading the report three years hence, well. . .

B. "Unresponsible" Referrals to Others

Sometimes, school psychologists recommend referrals to other service providers both inside and outside of school. Referrals to guidance counselors, optometrists, or mental health centers rarely indicate who is responsible for assisting or insuring that the agency and client become aware of one another. For example, "John should be seen by the guidance counselor;" or "It is viewed as desirable for the family to investigate family counseling at the mental health center." By not assuming responsibility for our referrals to others, we maximize the probability that the referral is not accomplished and promote our own ineffectiveness. Responsible recommendations such as, "Jane would benefit from a vision examination. I will communicate this recommendation to the parents, requesting they pursue this action. If financial assistance is needed, I will assist the family in locating necessary resources to the exten possible," communicate that we consider the problem and referral important enough to seriously merit follow-up.

C. Recommendations for the General

Recommendations are often too general to be applied. Statements such as, "be reinforcing and positive to Melvin whenever possible" are so general as to ensure they won't be attended to. The majority of people need more structure and specificity to carry out a recommendation.

D. Special Programs Beneficial

Many reports contain recommendations for special education programs but do not indicate whether the student qualifies for the program. Nobody can argue with the statement, "This student would benefit from a resource room experience." Any student could probably benefit. The issue to be addressed is student need, not benefit.

8. NEVER PREDICT STUDENTS' FUTURE SUCCESS; INSTEAD DWELL ONLY ON FAILURE.

Rarely do psychological reports contain concise statements of what benefits are likely to accrue if a specific recommendation is carried out. We are more likely, however to predict negative outcomes; for example, "If Billy's aggressive behavior is not attended to immediately by both the parents and teacher, he is likely to get in trouble with the law in the next two years." We assume that teachers and parents should be willing to individualize the learning experience for the student. We are often unaware of the sacrifices they must make to take a little extra time and energy and perhaps give up a little of their freedom and flexibility to do what we recommend. Prediction of future success fosters hope for improvement and provides an incentive for teachers and parents to make the sacrifices we are suggesting.

9. ALWAYS LEAVE THE RESPONSIBILITY FOR CASE FOLLOW-UP WITH THE TEACHER OR PARENT.

School psychologists have learned much from physicans who historically have enjoyed the highest status among all the professions. We refer to the honored medical tradition of prescribing an intervention whether it be rest, medication, or diet, and telling the patients as they go out the door, "If the problem doesn't change, let me know." This model requires that the patient (in this case the teacher or parent) take responsibility to return to the service provider if the recommended intervention did not work. However, the chances are good that if our recommended intervention does not work, the teacher or parent would not let us know. They may tell themselves, "This program failed and it's all my fault. I feel so dumb I don't want to expose my dumbness to the psychologist, so I won't tell him/her it's not working." Or they might say, "I knew the kid couldn't change. I tried the program for two days and it flopped." If we are not quite so lucky, the intervener may blame us, saying, "I tried it and it didn't work. That's all the psychologist has to offer, more of the same, so there's no point in talking about it with her/him." In each instance, the person who loses is the child. We must follow-up, follow-through, and stay with our cases until positive resolution is achieved.

10. NEVER INCLUDE HEALTH DATA IN REPORTS.

Health data such as vision or hearing evaluation results or medication taken are often omitted from our reports. This information can have direct and critical implications on our assessment strategies, resulting interventions, and general understanding of the child. Thus, it's imperative that we obtain these data and include them in our reports.

The authors of the chapters that follow all violate various of these sacred commandments that have been so carefully, tediously, methodically, and pervasively inculcated in each of us. They demonstrate that there is more than one way to write a psychological report. We invite you to embrace the alternatives with an open mind, trying some of the models, and validating their utility in your practice before altering or discarding them. If nothing else, it's a great way to break the fatigue of job boredom.

As far as skinning cats, choking dogs, and leaving lovers are concerned, we leave you to your own substantial creative devices.

Three Counter Proposals to the Traditional Psychological Report

Gary Ross-Reynolds and Jeff Grimes

THE TRADITIONAL PSYCHOLOGICAL REPORT: THREE COUNTER PROPOSALS

"He who opposses must counter propose," snaps the senior author's spouse in a "gotcha" tone when he discounts one of her flashes of brillance, and the admonition now haunts as a perseverative recollection. In Chapter 1 of this volume we examine the traditional psychological report format and targeted what we perceived to be its major weaknesses. In this chapter we briefly examine three alternatives to the traditional psychological report format--psychologist report-R, letter, and memo--and present representative models of each. In order to best illustrate the differences among the models and contrast them with the traditional report, page 14, the same case situation will be used in all illustrations. The data emphasized, however, differ in the alternative models from the traditional model as does the style in which it is presented. It will also be apparent to you the reader, that the alternatives presented have implications which transcent mere reporting style and content; at the least they provide a more accurate reflection of how you as a practicing school psychologist functions. At most, the alternatives provide a vision of a more viable and meaningful practice for those psychologists currently locked in the traditional psychometric role of test, report, exit.

Psychological Report-Revised Format

The psychological report revised is similar to the traditional format in style. Neither of these formats are addressed to any specific person; both provide documentation of the psychologist's involvement in a case; and both are written in a formal style. In spite of these similarities, however, the modified traditional report provides a major departure from the letter in content and avoids the pitfalls of reports addressed in Chapter 1. Instead of "Reason for Referral, Observations, Test Results, Summary and Recommendations," the psychological report revised addresses "Summary of Request for Conference, Purpose and Scope of the Psychologist's Investigation, Relevant History and Current Data, Discussion, Proposed Action and Outcomes, and Follow-up," Each of these sections will be discussed briefly.

Summary of Request for Conference. Indicate who is the referring person, his/her relationship to the student, and specific concerns expressed about the student. The child, too, is briefly identified. Beginning the report with this section reflects what we assume to be normal practice--that the psychologist's involvement is activated by the referral of a concerned party, and that the first step in the chain of activity is a conference with the referring party.

Purpose and Scope of the Psychologist's Investigation. State the nature and scope of your investigation which should be narrowed to a select set of salient behaviors or attitudes that can be systematically investigated.

These behaviors should be discussed with the referring person and agreement should be reached that the behaviors listed in this section are critical variables warranting investigation. The word "investigation" is specifically used rather than "assessment" to intentionally broaden the array of data that may be included. The purpose of the investigation is also stated, and this, too, is to be agreed upon by the psychologist and the referring person.

Relevant History and Current Data. Organize this portion of the report around the behaviors specifically identified in the previous section. Each behavior should, to the maximum extent possible, be the focus of a separate paragraph. In this portion of the report consider all types of data including interviews with parents, the child, current and past teachers, and significant others; behavioral observations; checklists and rating scales, samples of the student's work, analysis of the environment in which the behaviors occur; health data; information from the cumulative record; developmental, social, and family history; and criterion-and norm-referenced testing as appropriate. All data presented should be relevant to the scope and purpose of the investigation as defined in the previous section of the psychologist's report.

Discussion. Review the behaviors targeted in your investigation and establish a priority for action with an accompanying rationale. That is, indicate how changing a given behavior will potentially affect a child's life. Discuss and defind a special education or psychological diagnosis, and support your opinions and interpretations. Do not repeat test scores. This section should contain the language of logic, i.e., "therefore, consequently, thus, the data support the position..." As in the example on page 17, the section may be quite brief.

Proposed Actions and Outcomes. For each behavior indicated in the scope of the psychologist's investigation which was also identified in the discussion as meriting attention, outline a plan of action to change the targeted behaviors. Include a statement of anticipated outcome for each intervention for use at the time of the case review.

Follow-up. Clearly indicate your intention and willingness to follow-up on a case, the schedule of contact, if appropriate, and the way the referring person could contact you if desired. Be specific in terms of case review date.

Memo and Letter Format

The information presented in both the letter (page 20) and memo (page 22) format is essentially invariant from that presented in the modified traditional format. Because in both instances the psychologist specifically addresses the referring person, however, those styles are much more personal than the modified traditional format and are more likely to be read that the format reports. The personal nature of the communication tends to foster

a positive relationship between the referring person and school psychologist, and, by involving the referral as a valued colleague from the beginning, cooperative in carrying out needed intervention programs is more likely to be forthcoming. For those psychologists working within the consultative framework, the memo format provides an excellent record of the consultative process which is not possible with the other two alternatives.

Appendix A
Traditional Report

INTERMEDIATE UNIT #8

Report of Support Services Personnel Date of Service_____

Name DANA A. MARQUEST Birthdate 7/15/72 Age 8-9 Sex F

Parents John and Margie Marquest Address Spoon River, IA

School District Spoon River Building Lincoln Grade 3

REASON FOR REFERRAL:

Dana was referred by her teacher, Ms. Fulton, because she has difficulty completing her seatwork without a lot of direction. She is very dependent and will not undertake or carry out daily tasks without constant direction and encouragement. Peer relationships are poor, and Dana prefers to stay by herself during recess. Unusual behaviors such as facial grimacing and irrelevant verbal statements are also present.

BACKGROUND INFORMATION:

Dana is the second of three children ranging in age from 11 to 3. Previous intellectual testing revealed the following scores:

December, 1977	Stanford-Binet	89
December, 1978	WISC-R:	
	Verbal I.Q.	82
	Performance I.Q.	82
	Full Scale I.Q.	81
January, 1979	WISC-R:	
	Verbal I.Q.	80
	Performance I.Q.	81
	Full Scale I.Q.	78

All the previous psychologists indicated in their reports that Dana's scores did not accurately assess her actual ability which they felt was considerably higher. Peculiar behaviors were also noted; specifically it was reported that sometimes Dana whispered responses and gave irrelevant or rambling verbal responses. Eye contact was poor, and she was observed to sometimes talk to her hand. Dana was seen by University Hospitals in June, 1979. The reader is referred to that report for more information. In brief, it was indicated that Dana exhibited some autistic behaviors, but a definitive diagnosis of autism was not warranted. Dana is currently in resource room for emotional disabilities for supplementary assistance in reading and math.

OBSERVATIONS:

Dana accompanied the examiner willingly to the testing room. She was talkative and tended to ramble; however, it was fairly easy to keep her on task once limits were clearly defined. Toward the end of the testing, Dana began giving incorrect answers. When the examiner indicated firmly that these answers were unacceptable, Dana immediately began responding correctly to the best of her ability.

Dana Marquest
Page 2

ASSESSMENT RESULTS:

WISC-R:

Verbal I.Q.	84
Performance I.Q.	80
Full Scale I.Q.	80

Dana's Full Scale I.Q. of 80 places her at the lower end of the Low Average range of intellectual functioning as measured by the WISC-R. She is functioning at approximately the 9th percentile rank. There is no significant discrepancy between Verbal and Performance I.Q.'s, and intersubtest scatter was not significant indicating no areas of special strength nor weakness.

On the Wide Range Achievement Test Dana earned the following scores:

Reading	4.1
Spelling	3.7
Arithmetic	3.3.

Clearly, Dana's performance on the WRAT is better than one would expect given her WISC-R results. She earned a score of 9 on the Bender-Gestalt, resulting in an age equivalent of 5-11, suggesting some significant visual-motor difficulties. In addition, there were three emotional indicators suggesting disorganized thinking and a poor self-concept. These impressions were also suggested by her Human Figure Drawing which was of small size and drawn faintly in one corner of the page. A significant degree of dependency needs was also evident.

SUMMARY AND RECOMMENDATIONS:

Dana is a third-grade girl who is currently receiving assistance in the resource room for emotional disabilities in the areas of reading and math. Current test results are consistent with past assessments; she is functioning at the lower end of the Low Average range intellectually (9th %ile rank) with no areas of particular strength nor weakness. Dana displays significant visual-motor difficulties and appears to be disorganized with a poor self-concept and significant dependency needs. It is recommended that:

1. Dana's work in the resource room be modified to include training in the visual-perceptual area.

2. The classroom and resource teachers should bolster Dana's self-concept by assigning her tasks on which she can be successful and praising her lavishly upon completion.

3. Small assignments should be given, and Dana should be required to complete them before any teacher assistance is given.

4. Dana should be encouraged to interact more with peers.

5. A social worker should become involved with Dana's mother to work on her dependency.

Parker F. Pottinghouse
Certified School Psychologist

cc: File
Lincoln School

Appendix B
Psychological Report -R

INTERMEDIATE UNIT #8

Report of Support Services Personnel Date of Service _____

Name DANA A. MARQUEST Birthdate 07/15/72 Age 7-9 Sex F

Parents John & Margie Marquest Address Spoon River, IL

School District Spoon River Building Lincoln Grade 3

SUMMARY OF REQUEST FOR CONFERENCE:

Dana's third grade teacher, Ms. Elsie Fulton, was very concerned about how to handle Dana in the classroom. Dana exhibits many unusual and troublesome behaviors; however, those that are most vexing are her inability to complete work independently, her whining and crying when she does not get her way, and her low frequency of peer interactions.

PURPOSE AND SCOPE OF THE PSYCHOLOGIST'S INVESTIGATION:

The psychologist's investigation focused on the three behaviors of most concern indicated by Ms. Fulton in the conference. Specifically: 1) how Dana works at her seat and to what extent she works independently; 2) identifying situations that result in Dana's whining and crying and the consequences of this behavior; 3) understanding more of the nature of Dana's relationships with her peers. At the same time, the appropriateness of her current resource room placement for reading and math will be investigated as part of her annual review.

RELEVANT HISTORY AND CURRENT DATA:

A review of Dana's folder and an interview with her mother indicate a very significant developmental history in which Dana manifested many behaviors characteristic of autistic children. Results of the ASIEP Behavior Checklist, completed by Mrs. Marquest, indicates that Dana exhibited many autistic-like behaviors including nonattention to social environmental stimuli, abnormal reactions to sounds and light, lack of responsiveness to others, hand flapping, tantrums, absence of imitation, spinning, and echoing statements and questions made by others. However, these behaviors for the most part have either disappeared or have decreased markedly in frequency. A recent report by University Hospitals indicates that Dana still manifests some behaviors characteristic of autistic children; however, this psychologist agrees with the conclusion of that report that nothing is gained by identifying Dana as autistic. Rather, she should be regarded as a normal child who exhibits some peculiar behaviors.

Dana is currently being served in a resource room for math and reading. The services of this program are largely tutorial in nature and focus on assisting Dana in completing seatwork which she does not do in the classroom. Intellectual assessments conducted by three separate psychologists over the past three years have all resulted in I.Q. scores in the low 80's. The validity of these results must be considered suspect, however, in light of the fact that Dana is performing on grade level in reading and math. Her academic performance is especially significant considering that currently Dana is completing less than 50% of the assigned work that her classmates are expected to do.

A review of Dana's seatwork over the last week indicates she has completed approximately 50% of her assignments. Classroom observation reveals that she is able to work independently for a maximum of two minutes; however, it is much more common for Dana to work 45 to 60 seconds independently before seeking the teacher's attention. Dana raises her hand when she wants to call the teacher over. If this is not successful, she calls out to Ms. Fulton. On other occasions she sits idly at her desk, and Ms. Fulton stops by and helps her with a problem or question. Dana also works slowly and methodically. During one twenty-minute work period, she was on-task nine minutes and twelve seconds. However, she completed only seven math facts during this time compared to 17 math facts completed by another student who was on-task less than half as long as Dana.

Ms. Fulton estimates that Dana whines or cries approximately nine times daily when she makes a request which the teacher does not immediately honor or when Ms. Fulton makes a demand on her that Dana does not want to honor. Her whining and crying behavior is also a major concern at home as indicated in an interview with her mother. One week of baseline data at home indicates that Dana whines or cries on the average of six times between coming home from school and going to bed. This is very aversive to the mother who indicates that she readily gives in to her whining and crying in order for her to stop. Mrs. Marquest also indicated that her husband becomes irritated by Dana's crying and so Mrs. Marquest tries to keep it at a minimum. Given the intractability of Dana's previous behaviors it is easy to understand the current parenting problems.

Before recess Dana began to whine and cry when her teacher was reluctant to help her with her snowmobile suit. Based on the hypothesis that this was a manipulative ploy to get the teacher to do something that Dana could do for herself, the psychologist would not let Dana ask the teacher for help with her snowmobile suit when it was time to go home at the end of the day. Rather, he stated matter of factly that she could put the suit on herself without help and that Ms. Fulton would not be able to help her. With minor verbal encouragement, Dana was able to complete the task independently. She then ran over to Ms. Fulton and cried in apparent frustration at not having been helped.

The third major area of concern was Dana's interaction with her peers. Results of a sociogram indicate that Dana is neither positively nor negatively mentioned by other students. During a ten-minute playground observation, Dana was observed to interact with a peer for only a total of 45 seconds. The rest of the playground time was spent by herself playing in the entryway of the school building. The only interaction Dana was observed to have with other students during classtime was in the reading group when she corrected others' reading errors.

DISCUSSION:

In spite of Dana's low I.Q. scores, she is functioning on grade level in both reading and math even though she completes very little work. Resource instruction consists primarily of assisting Dana in completing her classroom assignments. In the absence of identifiable learning disabilities, this psychologist believes that Dana will be more appropriately served entirely in her regular third grade class, and that resource instruction should be discontinued. At the same time, it will be necessary to increase the amount of work Dana completes in the regular classroom setting.

The three behaviors of concern, 1) completing work independently, 2) whining and crying, and 3) peer interaction all occur at significantly inappropriate frequencies such that simultaneous intervention is warranted so that Dana can begin to function both more independently and more interactively. As she grows older, Dana's dependent behavior becomes less and less age appropriate, and she will likely be seen by others as more and more strange. Improvement of social skills is also necessary if Dana is to adjust adequately as she progresses through elementary and high school. Although Dana does not like to be structured, it is obvious that she responds to firm demands and limits. Consequently, it is expected that Dana will respond very favorably and quickly to appropriate programming.

PROPOSED ACTIONS AND OUTCOMES:

First, in order to assist Dana in completing her work independently, it is suggested that the teacher set a timer to go off at unexpected times at approximately every two to three minutes. If Dana is working when the timer goes off, and if she has not asked for teacher assistance, she should be verbally reinforced for her efforts. Gradually the time lapses should be increased from two to three minutes to 10 to 12 minutes. Before Dana begins her seatwork, Ms. Fulton should review the instructions with her to make sure she understands exactly what is expected so there will be no reason for Dana to need to ask for further clarification as she is working. Eventually, the extent of review of the instructions should be gradually reduced and then faded altogether.

Second, whining and crying should either be ignored or Dana should be sent out of the room when she begins to engage in this behavior. It is most important that this behavior be consequated in the same way at home and at school, and both the teacher and mother have indicated willingness to follow through on this program. At home, Dana will be sent to her room as soon as she begins to whine or cry, and she will be told she can come out of her room when she is ready to meet the demand made of her without crying. Whenever Dana does complete tasks without whining or crying she should be complimented on her efforts. Physical contacts should generally be avoided since Dana sometimes finds this aversive.

Third, peer interactions should be fostered by having students work in groups or pairs when feasible in the classroom. Dana could be assigned the task of teaching one or two peers a game. It may be fruitful for the class to discuss how they can help Dana learn to play, and students should be assigned to involve her in playground activities.

FOLLOW-UP:

Since the programs outlined above constitute a major effort in changing very basic ways in which Dana typically interacts with others, it is important that they be monitored very closely initially. Dana's teacher, mother, and the psychologist will meet one week after instituting the program to review Dana's progress and discuss any concerns Ms. Fulton or Mrs. Marquest might have. I fully expect the outcome of the one-week follow-up to be positive in which case our next follow-up will occur in two weeks, and then, monthly. Should there be any problems, we will meet weekly until such time as they are resolved. If there are any concerns in the meantime which need to be brought to my attention, I can be reached at (309) 699-2775.

cc: File
Lincoln School

Parker F. Pottinghouse
Certified School Psychologist

Appendix C
Letter Format

INTERMEDIATE UNIT #8

April 2,

Ms. Elsie Fulton
Third Grade Teacher
Lincoln School
Spoon River, IA

Re: Dana A. Marquest

Dear Ms. Fulton:

Thanks much for bringing Dana to my attention. Having reviewed her file, observed in the classroom and talked with you and her mother, it is easy to understand both your frustration and that of her mother in knowing how best to deal with Dana in light of her unique behavior.

A review of Dana's file supplemented with an interview with Dana's mother indicates a very difficult developmental period during which Dana manifested many behaviors highly suggestive of autism. A recent report by University Hospitals indicate that Dana still possesses some autistic-like behaviors; however, I agree with their statement that nothing will be gained by labeling her autistic. Indeed, it is apparent to me that the vast majority of the previously manifested behaviors are no longer, or only rarely, seen, and Dana could most appropriately be viewed as a normal child with some behavioral peculiarities. Keeping this in mind, I strongly feel it is appropriate that Dana be treated as normal with the same expectations and demands that are required of your other third grade students.

I was amazed at Dana's performance in reading group. That she has been able to keep up with third grade math and reading in spite of the fact that she has yet to complete all her assigned work on any given day suggests that Dana has some very strong academic skills. Her classroom performance certainly calls into question the validity of her relatively poor (Verbal, Performance, and Full Scale I.Q.'s in the low 80's) WISC-R results when she was assessed for the last three consecutive years.

We agree that it would be most appropriate to work on changing three behaviors initially. First, Dana needs to complete her seatwork independently. Currently she is completing only about 50% of her assignments daily. I noticed during my observations that the longest time that she worked independently was two minutes. Generally, she would seek your attention every 45 to 60 seconds. An appropriate goal would be to have her complete 80% of her assignments without calling you over until her work on a given page is complete. As we discussed, in building up to this goal it would be helpful to set a timer to go off at unpredictable intervals, but averaging around two to three minutes. If Dana is working when the timer goes off, you could acknowledge her good work. As she becomes used to this, increase the amount of time she has to work before the timer goes off. While this will require some effort on your part, I think it will result in less frequent contacts with Dana than you are having now.

Ms. Elsie Fulton
Page 2
April 2,

A second area of concern is her whining and crying which she readily exhibits whenever she does not get her way. This is also a major problem at home according to her mother, and it will be important for both you and Mrs. Marquest to work on this problem together. You have estimated that Dana whines and/or cries approximately nine times a day. Mrs. Marquest reports a frequency of approximately six times between the end of school and bedtime. This behavior is extremely manipulative on Dana's part, but curiously, I believe it will be very easy to remedy based upon my observations March 31. Specifically, I noticed that Dana sought you out for assistance in putting on her snowmobile suit, and when you tried to encourage independence, she began to whine and cry, saying she couldn't do it As a result, you helped her into her suit and nudged her out the door. When she was ready to go home, she began to repeat the same pattern; however, I told her that she could put her suit on by herself and that you were busy and therefore unable to help her. With minor verbal encouragement to keep her on task, she was able to put on her snowmobile suit and mittens without assistance. Having achieved that, though, she ran over to you and began to cry because I had not helped her. It is apparent from her behavior and reaction in this circumstance that Dana responds quite well to firm limits, and it is highly likely that her manipulative whining and crying will stop as soon as it is not attended to.

I suggest when this happens at school you turn away and not attend to Dana until she behaves in a more appropriate manner. If Dana's whining or crying become too disruptive, you might matter-of-factly send her out of the room until she gets herself under control. I have discussed this issue with Dana's mother, and she has agreed to send her to her room whenever she begins to whine or cry with the instruction that she can leave her room when she has herself under control.

A third area of concern is Dana's poor peer interactions. During a ten-minute playground observation, Dana was observed to interact with another child for only 45 seconds. I would recommend encouraging team activities in the classroom and discussing with the class some things that they can do to help Dana play with other students. It would also be appropriate to ask some of her peers to initiate activities with Dana on the playground.

I know how much you care about your students and how hard it will be for you to structure Dana so tightly, and especially to ignore her whining and crying. However, she has amply demonstrated that she responds to this structure and is fully capable of carrying out tasks normally expected of third graders.

As we agreed, I will meet with you and Mrs. Marquest after school on Friday, April 10, to review how this program is progressing. At that time we will also discuss discontinuing resource placement and consider designing another program to assist Dana in being less compulsive in her work. In the meantime, if you run into any snags, please don't hesitate to call me at (309) 699-2775.

Sincerely,

Parker F. Pottinghouse
Certified School Psychologist

cc: File
Lincoln School
Mrs. Marquest

Appendix D
Memo Format

INTERMEDIATE UNIT #8

DATE: March 12,

TO: Elsie Fulton

FROM: Parker F. Pottinghouse PFP

RE: Dana Marquest

Your concerns about Dana really came alive for me today after observing her this afternoon. I know you said that she never completed work independently, and she whined and cried whenever her needs were not immediately attended to, but now I have a real appreciation of what you have been dealing with all year.

I noticed today that Dana never worked for more than two minutes without seeking your attention. Usually she was requesting some sort of interaction every 45 to 60 seconds. During group math work on the floor, however, she only called to you twice in 20 minutes. Although she was on task 9½ of the 20 minutes, Dana completed only seven math problems. Another student, Joey, who was almost never on task completed 17 problems in comparison. The problem seems to be that Dana writes very meticulously and this slows her down severely. Dana is very demanding and insists on help with many tasks that she should be able to complete herself (such as putting on her snowmobile suit). Her whining and crying are unpleasant to witness. I know from our conversation that you are reluctant to frustrate her so that this behavior is not precipitated and that Mrs. Marquest has requested that Dana be given special consideration in this regard in light of her "autism".

A concern we discussed is Dana's lack of social interaction with peers. During a 10-minute playground observation, she interacted for only 45 seconds. In the classroom, her interactions invariably take the form of ordering other classmates or correcting their errors.

As we discussed, it would be helpful to get additional information on her behavior. Consequently, I would like to observe Dana again next week. In addition, I will be reviewing her file (a missing report from University Hospitals needs to be tracked down) and talking with her mother about her perceptions of Dana and how she handles discipline.

sr

cc: File
Lincoln School

Appendix D
Memo Format

INTERMEDIATE UNIT #8

DATE: March 19,

TO: Elsie Fulton

FROM: Parker F. Pottinghouse PFP

RE: Dana Marquest

During my observation and interaction with Dana today, I noticed that in spite of her very controlling nature (manifested by the whining and crying) she complies quite readily with clear and firm demands. I anticipate, as a result, that it will be fairly easy to work with her. Specifically, I intervened this afternoon when she tried once again to get you to help her with her snowmobile suit. I told her firmly that you would not help her, that she could do it herself, and that she should get to it. Minor verbal encouragement kept her on task in spite of her obvious mounting frustration and various attempts to go to you. It was after she was all done that she went to you crying for sympathy. I also intervened during the writing assignment. She was copying the sentences very slowly and erasing what I considered to be well-formed letters repeatedly, trying to make them better. I told her that she was not to erase anymore, and speed, not neatness, counted. Having given her permission to not be neat, (she look at me quizzically), she was able to progress more rapidly. The quality of the writing also was maintained.

I noticed from my file review that Dana is receiving resource assistance in reading and math, 30 minutes daily. I question the need for this placement since she is achieving on grade level in both areas, and since the nature of the assistance is strictly tutorial. I will talk more with you about this later.

My conversation with Mrs. Marquest was very fruitful. Dana has had an extremely difficult developmental period, showing many behavioral characteristics of autistic children. These are documented by various professionals who have seen her previously, and, given her behavior as a young child, Dana has made remarkable progress.

Mrs. Marquest views Dana as autistic and was very pleased that I, as an "expert" in autism, will be getting involved with Dana. I sense that she placed a lot of faith in me and is eager for any assistance I can give. She, too, indicated a high degree of frustration/helplessness in disciplining Dana. She is concerned about her crying, fearing that she should not upset an already troubled child. Also, Mr. Marquest gets irritated when Dana acts out, so mother gives in to keep peace in the family. She also expressed a lack of confidence in her skills as a mother.

I heavily emphasized to mother that Dana would be better served by considering her a normal child with some behavior problems that needed attending to, and I emphasized the many ways in which Dana is normal. I also reassured her mother that it was completely appropriate to set firm limits and expect that Dana should abide by these. She seemed skeptical, yet relieved and eager to hear this. Mrs. Marquest agreed to meet with us next week to talk about some things we can do to help Dana. We will focus on working independently, whining and crying, and peer interactions. I may also talk about discharging Dana from the resource program if that seems appropriate.

sr

Appendix D
Memo Format

INTERMEDIATE UNIT #8

DATE: March 26,

TO: Elsie Fulton and Mrs. Marquest

FROM: Parker F. Pottinghouse PFP

RE: Conference

I feel really good about our conference today, and I am very optimistic that the programs we developed are going to result in some rapid and positive behavioral changes. We talked about a lot of things, so I want to take this opportunity to summarize our final plan.

We agreed to concentrate on three areas: (1) increasing the amount of time Dana works independently, and increasing the amount of work she completes in that time; (2) reducing the number of times Dana cries or whines; and (3) increasing the frequency of appropriate peer interaction.

In order to assist Dana in working independently, Ms. Fulton will review directions with Dana individually immediately upon giving instructions to the whole class. A timer will be set to go off at different intervals, but averaging two to three minutes. If Dana is working when the timer goes off and has not sought to initiate interaction with Ms. Fulton, her work will be positively commented upon, and Dana will be asked if she needs any help. If she is either not working or has attempted to initiate interaction, you will reset the timer for another interval without interacting with Dana. A chart will be kept on the number of assignments Dana completes independently, and stickers will be placed on the chart as appropriate.

We agreed that Dana's whining and crying would not be accepted either at home or at school. At home, Dana is to be sent to her room whenever she begins to whine and cry, after one warning, and she may leave her room when she has herself under control. At school, the whining and crying will be ignored unless it becomes too disruptive, in which case she will be sent out of the room for as long as necessary for her to get herself under control. I know this procedure is going to be very difficult for both of you because it is very hard for you to see Dana upset. However, I know you recognize the importance of reducing this behavior, and my hunch is that Dana will not persist more than one or two days in her manipulative efforts. As I indicated, though, you should be aware that the whining and crying may increase in frequency for a short time before it begins to drop off.

As we discussed in the conference, fostering appropriate peer interaction is going to be more difficult than changing the other two behaviors. Right now, it is less important that Dana initiates interaction than that she responds appropriately when other peers interact with her. In school, Dana will work with another child or in a small group whenever possible. She will be assigned the task of teaching one or two peers a game. Ms. Fulton and I will talk with the class about how they can help Dana learn to play, and students will be asked to involve her in playground activities.

We agreed to meet at the same time next week to review the results of our efforts and work out any snags which may arise. In the meantime, if any questions come up, please call me at the office.

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sr

Appendix D
Memo Format

INTERMEDIATE UNIT #8

DATE: April 2,

TO: Elsie Fulton and Mrs. Marquest

FROM: Parker F. Pottinghouse PFP

RE: Summary of Conference

The excellent work the two of you have done is a pleasure to see. I was so pleased with the results of your effort over this week. It is obvious that Dana has really bought in to both programs for working independently and decreasing whining and crying. We will maintain the programs essentially intact, except that the timer will be set at four to five minute intervals instead of two to three minute intervals.

Keep up the good work and we will meet in four weeks on April 30th to review progress. I really appreciate the data you have been keeping on Dana's behavior. Hopefully when we get back together we will be able to ease off some on the data collection. If anything comes up in the meantime, please do not hesitate to call me.

sr

The Referral Oriented, Consultative Assessment Report Writing Model

George M. Batsche

THE REFERRAL ORIENTED, CONSULTATIVE ASSESSMENT REPORT WRITING MODEL

> "The psychological report may be likened to an individual. It too reveals a continuity with the past, an ongoing process of change, and an evolution toward the future. Neither has the role of the psychologist remained static. In the early days psychologists were merely 'testers' or technicians. Now they are professionals, and many function as members of a team whose needs they service. Thus there is a need for efficient interaction of the psychologist with the team associates, a process that requires mutual understanding. The psychological report can be instrumental in this process." (Tallent, 1976)

Psychological reports have long been the albatross around the school psychologists neck. Not the graceful bird, but more the smelly carcass. Something that, when viewed positively, has great potential, but when viewed negatively is something that must be "disposed of". The typical end-of-the-year scenario is the school psychologist spending two weeks after the end of school writing 25 reports left from the 50 evaluations completed during the year. This end-of-the-year ritual is somewhat enigmatic since teachers and parents may have little use for reports delivered during the summer on cases disposed of during winter and spring. Although most school psychologists would deny that the report is their main avenue of communication, many still seem content to allow the report to communicate for them (Fine & Tyler, 1971). Regardless of the debatable communication burden that reports bear at the time of evaluation, they are certainly the medium of communication that stands the test of time. Therefore, they should be taken seriously or not at all.

Seemingly, since the beginning of time, school psychological reports have utilized the same "traditional" approach to report data. This "traditional" approach has been utilized regardless of the reasons for referral or the type of evaluation. Alan Coulter refers to this as the "cattle-dip" method: what is good for one cow must be good for them all. As psychologists, we profess to be interested in the individual client. This seems to be true as long as the individual client fits into our "mold" of assessment and report writing. As long as we continue to utilize a singular method of assessment or report writing, we force our clients to fit the "mold".

The purpose of this chapter is to introduce the reader to the "Referral Oriented, Consultative Model for Assessment Planning/Report Writing". At the conclusion of this chapter, the reader will have mastered the following objectives:

1. to clarify, through consultation, the reasons for referral
2. to obtain background data relevant to the reasons for referral
3. to formulate "referral questions" around which assessment planning and report writing can be organized

4. to write reports designed to answer specific questions and not just provide general information

5. to report intervention programs designed to deal with specific referral reasons and assessment procedures.

The Referral Oriented Consultative Model of Assessment Planning/Report Writing

At the beginning of this chapter there is a quote from Normal Tallent's (1976) book on Psychological Report Writing. Tallent indicates that there should be an "efficient" interaction between psychologists and team members, with a "mutual understanding" as a goal. To this fine advice, I would add an "individualized approach" to child assessment and report writing. The referral question model to be presented will accomplish this goal. First, however, let us review the "traditional" model and discuss why it appears inadequate to meet current needs in communication. The "traditional" model of the psychological report follows the format indicated in Diagram 1.

PSYCHOLOGICAL REPORT

I. Demographic Data

Name:
Address:
Date of Birth:
Grade in School:
Teacher:
Parents Name:
Date of Evaluation:
Examiner:

II. Background Information

III. Assessment Procedures

IV. Test Observations

V. Assessment Results

Intellectual
Educational
Visual/Motor
Behavioral Emotional

VI. Summary and Recommendations

Diagram 1
Traditional Psychological Report

Difficulties with this model include the following areas of concern:

1. It is difficult to adapt this model across a variety of evaluation formats and reasons for referral.

2. Background information may or may not relate to reasons for referral. Readers may read this section and have a good idea of information about the student but little or no information about why the student was referred.

3. Assessment Procedures are listed separately with data simply presented. In this format the reader has no idea about which assessment procedures were used to tap which problem areas. This maintains the "mysticism" of the psychologist's work, but does little to communicate. Additionally, data presented out of context and not explained can be dangerous. For example, an I.Q. score is listed in the Assessment Procedures section as a 70. In the Results Section, the psychologist may have explained, that although the student obtained an I.Q. of 70, this was suspected to be a low estimate of ability. The reader may have seen I.Q.=70 and read no further. This must be avoided.

4. The Test Observations Section often contains worthwhile information. When presented in a separate section utilizing a non-integrative approach, however, relating specific observations to specific problem areas becomes difficult. When the task of relating one section of a report to another falls upon the reader, then the author of the report has failed in his/her responsibility to communicate.

5. Assessment results should be presented in an integrated fashion. When presented in this way, a picture of a dynamic, functioning student is given. The "traditional" report often presents intellectual, educational, behavioral/emotional etc. results in separate paragraphs. Once again, the reader is left to determine which information is relevant and to integrate data. The burden of responsibility for this should be on the writer, not the reader.

6. In the "traditional" report, the summary is the section in which integration takes place. The reader must wade through all of the other material to finally find out what is going on with the student. Integration should occur along the way, not just in a summary.

At this stage of the chapter, you should ask yourself, "Do I write reports like this?" If the answer is "Yes", then also ask yourself, "Do I use a 'standard assessment battery'?" Assessment of children should be as individualized as report writing. Assessment instruments and procedures should be utilized to answer specific questions, not just to collect information using procedures that happen to be familiar and comfortable. Although this chapter is not intended to cover the area of assessment, the idea of a "standard assessment battery" is one which contributes to discriminatory practices and should be given critical review. Think about it. As psychologists, we do not believe in using the same instructional materials with all children. Why do we persist then in using the same assessment materials? Food for thought.

By this time you should have your curiosity aroused enough to wonder aloud about this "referral oriented method". Before I present the purpose and conceptual model for this approach, I want to list four commandments which typify the model. Hudgins and Shultz (1978) provide the commandments:

1. Thou shalt first enter the referral agent's frame of reference.
2. Thou shalt personalize the evaluation.
3. Thou shalt write about behavior.
4. Thou shalt respond to the referral question.

The purpose of the referral oriented method is fourfold. First, to clarify reasons for referral so that evaluations and report writing are goal and intervention oriented. Second, to individualize assessment and report writing to the greatest extent possible. Third, to increase validity of assessment procedures utilized. Fourth, to relate the report directly to the referring and intervention agent(s).

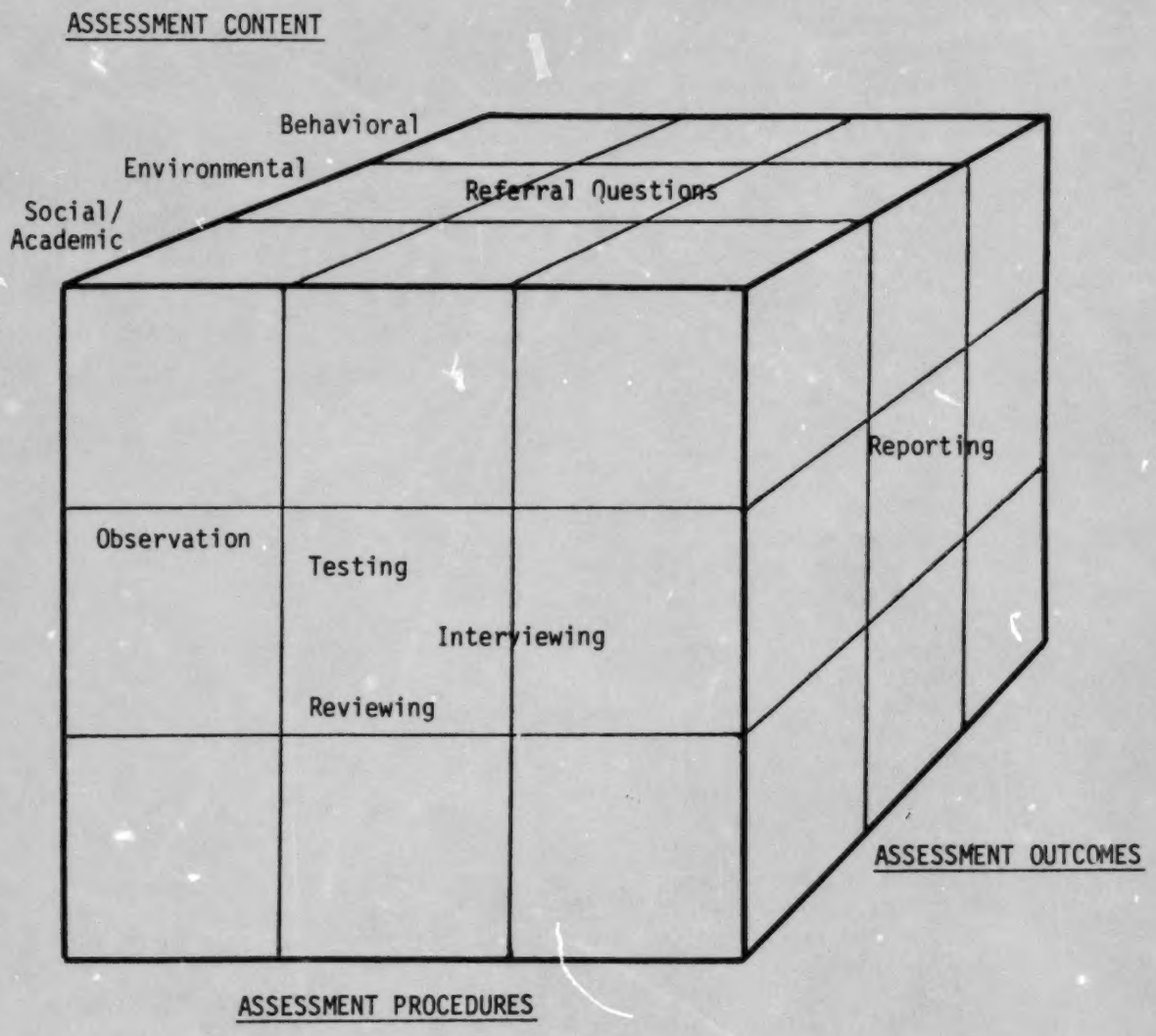
Conceptually, the referral question method has three components: assessment content (referral, questions), assessment procedures and assessment outcomes (report writing, intervention). The model is presented in Diagram 2. (See attached).

Completion of the method requires working through six steps.

1. Review of all existing data available on the student.
2. Consultation (interview) with the referral agent.
3. Development of referral questions and clarification of questions.
4. Selection of assessment procedures validated specifically for the referral questions.
5. Integration of assessment data and background data for purposes of answering referral questions.
6. Selection of intervention strategies consistent with assessment results and referral questions.

Step 1: Review of Data

When the psychologist (or other team member) receives a referral, the first step is to learn everything there is to know, to date, about the student. This is in preparation for the interview with the referral agent (i.e. parent/teacher). If little is known about the student, the psychologist becomes an uninformed partner in the consultative interview. He/she cannot ask probing questions based on current information. Little is gained by the interview.



THE REFERRAL ORIENTED, CONSULTATIVE ASSESSMENT/
REPORT WRITING MODEL

(Diagram #2)

Step 2: Consultative Interview

The purpose of the consultative interview is to gain relevant information about the student and to clarify reasons for referral. This will aide in organizing the evaluation and subsequent report. Referring agents often refer students for non-specific reasons or causes. It is difficult to organize, evaluate and report such reasons or causes. By the end of the interview the psychologist should have a list of referral questions that he/she will then use to organize the assessment and report. As well, the psychologist should have valuable background data to integrate into the decision making process. A second purpose of the interview is to involve the referral agent in the evaluation from the beginning. The referral agents subsequently feel "ownership" in the evaluation and questions and are therefore more likely to involve themselves in reading the report and carrying out interventions. So often, teachers state that the report is irrelevant. This statement cannot be made if the report reflects and answers the teachers' questions. Listed below are six ideas to consider when engaging in the consultative interview.

1. How does the consultee see him/herself in the situation?
   with sole reponsibility?
   enforcing authority?
   developing motivation?

2. What seem to be fundamental difficulties?
   who does what?
   what seems to happen?
   why does it happen?

3. What solutions have been tried?
   with what results?
   what other solutions seem possible?

4. Who else may be concerned?
   for what reasons?

5. Are there any indications that the consultee may not see some aspects of his/her own involvement in the problem?
   can the consultee do something to change that aspect of the problem?

6. What questions remain unanswered and require evaluation (referral questions)?

Step 3: Development of Referral Questions

Development of referral questions is a critical step in this model of assessment and report writing. Both the assessment and report processes revolve around the questions. Therefore, questions must have the following characteristics:

1. questions are definable and measurable

2. questions are agreed upon by evaluation personnel and referring agent

Referral questions typically come from the referring agent as part of the interview process (Step 2). However, others such as parents, teacher, principals, etc. can be included. As well, the evaluation personnel should include whatever questions they feel are necessary. Often, as a result of the evaluation process, the psychologist will have questions to add. These are simply added to the list. Typically, the questions are placed in a format with two components to them: the question itself and the source of the question.

Example of Referral Question

Why is John able to recall information on a short term but not long term basis? (M. Smith, teacher)

Why is Shiela unable to speak to her parents about schoolwork? (J. Doe, parent)

When the referral agent receives a copy of the report, that person will notice "their" question and name in the report. This should significantly increase ownership in the report for the referral agent and make him/her more comfortable with the document. Referral questions are listed at the close of the Background Section of the report and again in the Results Section. Listed below are examples of referral questions typically asked.

Sample Referral Questions

Academic Difficulties

1. Is John ready to enter first grade? That is, does he have the necessary behavioral, social and academic prerequisites?

2. What are John's current study habits and are these effecting his academic performance?

3. How is John performing academically in each subject area when compared to his current grade placement and measured intelligence?

Class Placement

1. Is John mildly handicapped? If so, how is he functioning intellectually, what is his adaptive behavior and is there evidence of developmental delay? How does his intelligence and adaptive behavior compare?

2. Is John gifted in overall intelligence? What are his specific strengths and weaknesses?

3. Does John have a specific learning disability in the area of writing skills?

Emotional/Behavioral

1. Is there evidence of maladaptive behavior which is preventing Sally from learning at grade level?

2. Why is John disruptive in class, what precipitates the disruptiveness and what maintains it?

3. Why does Sally persist in telling teachers and parents stories which have no basis in fact?

Family/Home

1. Are the parenting skills of Mr. and Mrs. Smith consistent and adequate for a child with John's demonstrated behavior difficulties?

Step 4: Selection of Appropriate Assessment Procedures for Referral Questions

There are basically four ways in which data can be collected for assessment purposes: observation, testing, interviewing and reviewing. Once referral questions have been selected, the psychologist must select assessment procedures designed to answer those specific questions. Selection of procedures that are not validated for such referral questions are inadequate. This process presents an opportunity for psychologists to reflect on the validity of their assessment procedures. The format for reporting assessment procedures is to include them under the referral questions in the Results Section. An example is given below.

Example of Referral Question/Assessment Procedures

What is John's current level of intellectual ability-is he mildly mentally handicapped? (A. Smith, teacher)

Assessment Procedures:
- -Wechsler Intelligence Scale for Children
- -Learning Potential Assessment Device
- -Adaptive Behavior Inventory for Children
- -Observation
- -Parent/Teacher Interview

This format makes it clear what the psychologist did and what he/she utilized. Future users of the report have no difficulty in determining where the information came from. Note that no "scores" are given. Answers to questions should not be "scores" but usuable information.

Step 5: Integrating Background (Review/Interview), Observation and Test-based Data

Whereas the "traditional" report format contains sections for Background Information and Test Observations, the referral oriented model integrates all data under appropriate referral questions. Therefore, observation data, interview, review and test-based data will be blended together for the purpose of answering a specific referral question. The information is not presented in separate paragraph form but in a completely integrated fashion. This ongoing process of integrating information from all data bases negates the need for a summary section at the end of each report.

Step 6: Selecting Intervention Strategies Based on Referral Questions and Assessment Procedures

When a child is referred for supportive services and referral questions are presented, the referring agent is not only asking why the child is experiencing difficulty but as well what can be done to improve the situation. Reports that end in placement recommendations and labels are inadequate. Lack of viable recommendations frustrates the reader and does nothing to facilitate communication. The referral oriented method suggests that interventions and recommendations be organized around, and related back to, the referral agent's questions. The referral agent then feels like saying, "Hey, they are answering my question!" As well, the interventions should relate to the data compiled during assessment. This relates the intervention to the assessment which was tailor-made for the referral question. An example of a recommendation is given below.

Example: Mr. Smith's (teacher) question on inattentiveness in the classroom was determined, as stated earlier in the results section, to be due to peer reinforcement. Therefore, the following is recommended to increase on-task behavior for written assignments:

1.
2. Intervention Program
3.

Recommendations 1-3 will be implemented by _____.

The six steps for the referral oriented model have been presented. Diagram 3 presents the format for the report resulting from the six step procedure.

PSYCHOLOGICAL REPORT

I. Demographic Data

Name:
Address:
Parents:
Grade:
School:
Teacher:
Date of Birth:
Date of Evaluation:
Examiner:

II. Background Information and Referral Questions

Information in this section should only relate to the referral questions. Referral questions should be logical conclusions to the information presented in this section. At the end of the paragraph(s) giving background information, the referral questions are listed.

1. Is Johnny mentally handicapped or has he not had appropriate environmental experience for a child his age and cultural group? (A. Smith, teacher)

III. Answers to Referral Questions

In this section, questions are listed with the source and assessment procedures, followed by the answer to the question.

1. Is Johnny mentally handicapped or has he not had appropriate environmental experience for a child of his age and cultural group? (A. Smith, teacher)

Assessment Procedures:
-Wechsler Intelligence Scale for Children-Revised
-Adaptive Behavior Inventory for Children
-Observation
-Parent/Teacher Interview

ANSWER TO QUESTION HERE

IV. Recommendations

Diagram 3
Referral Oriented Report Format

A complete referral oriented report is given on the next few pages.

Use of Referral Oriented Format for Team Reports

In many locations, school psychologists do not write separate reports but participate in the development of a "team report". This might include data from the social worker, psychologist, speech/language clinician, physical therapist, etc. The production of this report is quite difficult. Two options usually result. First, the report writing responsibility falls heavily on one team meber. This person must record, integrate and report information for many people. Misstatements often result. Second, the report might simply be a "collation" of each persons report with a cover sheet added. This often results in a very lengthy report with much duplication and is as equally unacceptable as the first type. The referral oriented model offers some possible solutions to this problem.

The following stepwise process should be considered in using the referral oriented model in a team report setting.

Step 1: Assign a case manager. Responsibilities include organization of the assessment, timeline preparation, setting up meetings and follow-up. Responsibility as case manager should be rotated across cases.

Step 2: Referral agent presents the case to the team and referral questions are developed in this team consultative interview.

PSYCHOLOGICAL REPORT

I. Demographic Data:

Name: Sally Jones
Address: Anytown, U.S.A.
Parents: John and Judy Jones
Grade: First
Teacher: Mr. Johnson
Date of Birth: 8-1-75
Date of Evaluation: 9-30-81

II. Background Information and Referral Questions

The following information was acquired through review of educational, medical and social records. As well, the parents and teacher were interviewed.

Sally comes from a home in which she is the youngest of six children. She lives with her mother, three brothers and one sister. Her sister, closest to her in age, is twelve. Sally has lived in a single parent home since birth. Interaction with others has been limited to attention given by her brothers and sisters. Sally's health history is unremarkable although developmental milestones involving walking, talking and self-help skills have demonstrated consistent delays. Sally has acquired skills at a steady, although delayed rate. In overall development, including academic readiness, Sally was approximately two years behind when she entered the early childhood program in her district. Although Sally has consistently lagged behind her same age peers, the gap has narrowed since she began attending school. Sally makes continued although slow progress. Her teacher has noted that she is unable to respond to the current curriculum in reading and arithmetic. She does well socially and in all non-academic exercises. Therefore, concerns revolve around why she is having difficulty in the academic areas and what can be done to allow more successful completion of school-work. Mr. Johnson, her teacher, feels as though her learning is significantly slow and questions her ability to respond in the regular curriculum. Therefore, the following referral question is asked:

> Is Sally mildly mentally handicapped or has she not had the appropriate environmental experience for a child of her age and cultural group? (Mr. Johnson, Teacher)

III. Answer to Referral Question/Assessment Procedures

Is Sally mildly mentally handicapped or has she not had the appropriate environmental experience for a child of her age and cultural group? (Mr. Johnson, teacher)

Assessment Procedures:
- McCarthy Scales of Children's Abilities
- Peabody Picture Vocabulary Test-Revised
- Informal Readiness Testing
- Interview: Parent, Teacher, Child
- Observation
- Adaptive Behavior Inventory for Children

Sally is functioning to an overall extent within the low average range of intellectual ability on measures of standardized assessment instruments. Her perceptual skills involved with tracing, coping and writing are age appropriate. Gross motor skills involving large leg and arm movement are adequately developed. Sally experienced difficulty with her general knowledge of word meanings and her ability to identify common objects expected of a child her age. Sally's self-help

skills involving areas such as eating, dressing, avoidance of danger and ability to respond appropriately to her environment are all adequate. Family, peer and adult relationships are as well developed to age levels. Sally is a child who has not had many of the academic readiness experiences expected of most children prior to entering school. Therefore, she was at a disadvantage from the beginning and had to concentrate on learning these prerequisite skills. A lag began to develop between her and her peers in academic areas. Sally was learning well but not what the teacher expected. Comparing Sally's level of development when she entered school with her present level indicates that Sally has progressed at a faster rate since she has had the stimulation of the educational environment. She is not mentally handicapped but is simply playing a game of catch-up. She appears handicapped due to her present functioning level. She has the ability to learn and needs the appropriate educational experience to do so. Review of records indicates that Sally is a younger girl for her grade level. Her behavior during the evaluation and observation indicates good problem solving and social skills are quite adequate. Sally needs stimulation in her areas of weakness including stimulation of verbal behavior, vocabulary, counting skills and listening skills. Segregation in a class out of the mainstream would not achieve these objectives.

IV. Recommendations

1. Mr. Johnson was concerned about Sally's ability level and skill development. As Sally is not mentally handicapped, she would be inappropriately placed in such a setting. Sally requires individual or small group instruction in areas designed to increase the number of verbalizations, knowledge of common objects and experiences. In addition, pre-arithmetic skills involving knowledge of numbers, one-to-one correspondence and basic counting should receive attention. Attached is a sheet with suggested tasks designed to work on each of the skills. It is understood that the work will be carried out jointly by Mr. Johnson and the Early Prevention of School Failure teacher.

Step 3: Referral questions are agreed upon by the team and referral agent(s).

Step 4: Referral questions are written and responsibility for each question is assigned, by the case manager, to the most logical person(s) qualified to answer the question. This, in effect, becomes an Individualized Assessment Plan. An example is given in Diagram 4.

INDIVIDUALIZED ASSESSMENT PLAN

I. Name of Student:
Referral Agent:
Grade/Teacher
Date of plan meeting:
Assessment team members:

II. Referral Question #1

Question:

Source:

Procedures:

Implementor:

Referral Question #2

Question:

Source:

Procedures:

Implementor:

Referral Question #3

Question:

Source:

Procedures:

Implementor:

Diagram 4

Step 5: Timelines are set within which the assessment should take place and an interdisciplinary staffing is arranged.

Step 6: At the staffing, each team member presents their written question, response and recommendations. The case manager records during the staffing. The interventions are agreed upon and placement considerations are recorded.

Step 7: Each member of the team submits their written question(s) and responses. The case manager is responsible for the Background Section and collation of recommendations.

Step 8: The final report is made up of the Background Section (case manager), each referral question and response signed by the person(s) responsible and the recommendations written at the time of the staffing.

Utilizing the above method avoids the necessity for each team member to duplicate demographic, background and summary sections. This reduces report writing significantly yet results in a complete, concise report.

Putting it all together.....

The referral oriented method is different. It requires some "getting used to" but results in a report geared toward the referring agent (usually the intervention person!). This method reduces the need for sections on observation, assessment procedures and summary while presenting a concise, integrated report. The burden of responsibility for integration (making sense of it) is on the writer, not the reader. In closing, there are some disadvantages to the method. If you can live with these, you will find the method refreshing and useful. Happy report writing!!

Disadvantages (?):

1. It requires the writer to spend time with the referral agent before assessment (consultative interview).

2. It requires the writer to think about assessment approaches before evaluation rather than wondering what one has after the evaluation.

3. It requires the writer to consider validity of assessment procedures for specific uses (referral questions).

4. It requires the writer to answer every question with integration (communication) reserved in the past for the summary sections.

5. It increases the comprehensiveness of evaluations and answers the problems.

6. It keeps you from getting bored.

BIBLIOGRAPHY

Fine, M., & Tyler, M. Concerns and directions in teacher consultation. Journal of School Psychology, 1971, 9, 436-444.

Hudgins, A., & Shultz, J. On observing: The use of the Carkhuff HRD model in writing psychological reports. Journal of School Psychology, 1978, 16, 56-63.

Tallent, N. Psychological Report Writing. New Jersey, Prentice Hall, 1976.

Psychoeducational Reports: Converging Multifactored Assessment

Frank M. Gresham

PSYCHOEDUCATIONAL REPORTS: CONVERGING MULTIFACTORED ASSESSMENT INFORMATION

School psychologists have an extremely important, yet an extremely difficult job. Having to practice school psychology within the constraints of federal, state, and local guidelines is no easy task. Even though the ratio of school psychologists to children is favorable in Iowa, school psychologists often feel overworked and spread too thin. Given the difficult nature of the job and the pressure to perform psychoeducational assessment, we have to do the best job we can in formulating specific diagnoses of handicapping conditions and in generating intelligent and useful programming recommendations.

Consumers of this paper are generally familiar with the requirements of Public Law 94-142. The terms "least restrictive environment," "individual education program," "free, appropriate public education," and "protection in evaluation procedures" are used almost daily by school psychologists and special educators. The most important component of 94-142 for school psychologists is the section dealing with protection in evaluation procedures (PEP). PEP is vitally important for the school psychologist since the evaluation procedures determine the most appropriate placement and intervention for handicapped children.

The purpose of this paper is to discuss how school psychologists can and should use their skills and knowledge to conduct multifactored assessment, an important aspect of PEP. Examples are provided of how to collect, integrate, and especially communicate (via psychoeducational reports) this multifactored assessment information in making both classification and programming decisions for learning disabled, mentally disabled, and emotionally disabled children. Sample reports will be provided along with discussions of why specific information is important and should be included in making both classification and programming decisions.

School psychologists should perhaps be most concerned with the section of PL 94-142 that deals with Protection in Evaluation Procedures (PEP) and especially the discussion of multifactored assessment. Subparts, b, d, and f of PEP explain the requirements of multifactored assessment:

b) "Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a general intelligence quotient;"

d) "No single procedure is used as the sole criterion for determining an appropriate educational program for a child;" and

f) "The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities." (pp.42496-42497)

These requirements under PL 94-142 merely codify what constitutes good assessment practice. School psychologists, unfortunately, adhere to these

requirements to varying degrees (i.e., loosely, rigidly, somewhere in between, or not at all). As readers are aware, many placement decisions are made on the basis of WISC-Rs and WRATs. By any stretch of the imagination, this is not multifactored nor good assessment practice.

Reschly (1979) states that the underlying assumption in multifactored assessment is that assessment is less likely to be biased if a broad variety of information is collected and considered systematically in making placement decisions. Nine categories have been identified by Tucker (1976) for multifactored assessment: 1) observational data, 2) historical data, 3) language dominance data, 4) educational assessment data, 5) sensory-motor/psycholinguistic data, 6) adaptive behavior data, 7) medical/developmental data, 8) personality data, and 9) intellectual assessment data. Comprehensive and multifactored assessment would necessarily include those sources of information in making a classification decision. Additional data, however, has to be collected for the school psychologist to make intelligent suggestions regarding programming decisions. For assessment to be truly multifactored, it should yield information that is helpful in making both classification and programming decisions.

School psychologists should play the roles of collector and synthesizer of multifactored assessment information. School psychologists are uniquely qualified for these roles because of their training and familiarity with assessment techniques, measurement concepts, and interpretation of assessment results.

Problems with Psychoeducational Reports

One skill that school psychologists should have is the skill of communication. In their role as school psychologists, they are expected to be facile communicators with teachers, parents, administrators, and especially children. Many times psychoeducational reports do not communicate very much useful information about children and their learning/behavior problems.

Some communication problems come about because the psychoeducational report is based upon inadequate assessment information. An example of inadequate assessment information is when a classification decision is based upon the standard WISC-R, WRAT, and Bender-Gestalt "battery" (as if one could call this a battery). Diagnostic and placement decisions based upon this type of insufficient assessment for any type of handicapping condition represents one of the worst kinds of malpractice in school psychologist. Obviously, problems with communication will arise using only these three tests because one cannot communicate what is not there. There are (or should be) several maxims in school psychology that say: "You can't get something for nothing," "What you see is what you get," "Garbage in, garbage out," or, more formally:

> The amount of useful information derived from the assessment process is directly proportional to the amount of effort placed into the assessment process, the quality of the assessment procedures used, and the skill of the school psychologist.

A medical analogy may be useful. I personally would not want to go to a neurologist for severe headaches, nausea, and blurred vision only to have the neurologist diagnose my problem on the basis of a general physical check-up, a soft sign neurological examination, and a urine sample. While the

consequences may be different for learning or behavior problems versus medical problems, both would represent a form of malpractice and even unethical professional behavior.

Other psychoeducational assessment may be adequate for making classification decisions but relatively useless for making programming decisions. Again, a communication problem will result because of a lack of appropriate and usable information. This typically occurs when school psychologists use only norm-referenced tests in their assessment at the exclusion of criterion-referenced tests, direct classroom observations, teacher interviews, work-sample evaluation, and so forth. Good assessment practice dictates that assessment be conducted for both classification and programming decisions (Reschly, 1979; Salvia & Ysseldyke, 1981). In order to communicate useful information for interventions, school psychologists must collect the appropriate types of assessment information.

Changing Data Sources for Psychoeducational Reports

The sources of data for psychoeducational reports have changed in recent years. As a result of litigation and legislation, serious doubts have been raised about the usefulness and fairness of assessment activities (Reschly, 1980). The individual intelligence test is no longer held in such high esteem by many people involved in the placement and education of handicapped children. As a result of this deemphasis, the IQ test score, which heretofore had been the central focus of the psychoeducational report, has been relegated to a lower status than has previously been the case. In California, an individual IQ test cannot be used as a basis for placing black children in special education programs for the mentally retarded. Given this recent legal activity, school psychologists who base their classification decisions primarily or exclusively on the results of intelligence tests are not only on shaky theoretical grounds but also are open to litigation.

Reschly (1980) has specified several changes which are occurring in the types of assessment data being collected and how these data are being interpreted. The most important shift is the ever-increasing emphasis upon outcomes of assessment. That is, the focus has shifted from assessment for classification decisions (e.g., MD, LD, or ED) to assessment for intervention purposes. Assessment that does not result in effective interventions should be regarded as useless, biased, or unfair if persons are differentially exposed to ineffective programs because of the assessment process. As Reschly (1980) states,

> . . . The outcomes criterion shifts the bias concern from specific tests to all phases of the assessment process, including referral, informal and formal collection of data, classification/placement decisions, and the entire process of intervention (design, implementation, and evaluation). (p. 842)

This focus upon what happens after formal assessment and the influence of these events on the educational and social development of children is beginning to dominate assessment in school psychology. Psychoeducational reports which contain information that is not useful for intervention purposes will soon be regarded by consumers of these reports as worthless and, even worse, the writers of these will acquire a negative connotation as a result of having written these documents.

A second trend Reschly identifies in school psychological assessment deals with reformation of the classification system we are currently using in special education. Given the recent court decisions regarding the usefulness and fairness of IQ tests (e.g., Larry P. vs. Riles), we may soon see an abandonment of the term IQ which may be replaced with the more accurate term academic aptitude or school functioning level (Reschly, 1980). If this change comes about, the content and interpretation of intelligence test results in psychoeducational reports will certainly be affected.

Another change which may come about is a complete overhauling of the special education classification scheme. Some of the most confusing distinctions to the lay public are those distinctions between mild mental retardation, mild learning disabilities, and mild emotional handicaps. These distinctions become even more ambiguous in states such as Iowa where the cutoff for mental retardation is 15 points above the most widely accepted definition of mental retardation (American Association on Mental Deficiency, 1973). Related to these fine distinctions are the socio-political influences on special education and school psychology. For example, the Iowa Legislature has mandated that we serve 25% less students in LD programs by December, 1982. Legislative concern such as this most certainly influence the content and interpretation of assessment practices and psychoeducational reports.

A reasonable alternative to our current classification system would be to designate children with mildly handicapping conditions as Educationally Handicapped. This would alleviate some of the stigma associated with certain labels and focus the school psychologist's and teacher's attention more on variables they can control (e.g., antecedent, sequential, and consequent conditions surrounding behavior) rather than on variables they cannot control (e.g., intelligence, family background, school history, etc.).

What does a classification system have to do with the content of psychoeducational reports? The answer is implicit in the preceding paragraph. Very simply, school psychologists who spend enormous amounts of time and verbiage in trying to distinguish between mildly handicapping conditions in psychoeducational reports are focusing upon information which, for the most part, is largely irrelevant for the success of children in school settings. Assessment which can be used for intervention purposes is educationally relevant and useful information which can be understood and utilized by teachers, parents, and administrators. The point is that spending time in trying to distinguish between mildly handicapping conditions for classification purposes is infinitely less important and less beneficial to children than concentrating on assessment information which will lead to successful interventions.

A final trend in school psychological assessment and report writing is one of reduced levels of inference. Historically, tests have been interpreted largely on the basis of "clinical insight" rather than empirical data. This has been particularly prevalent with the LD and ED categories. For example, a child displays difficulty in reproducing the Bender designs (e.g., rotations, distortions, perseverations, etc.) and the school psychologist offers the following brilliant interpretation:

> John had 7 errors on the Bender, most of which were distortion errors. From his performance, I would predict he will have difficulty in copying from the board.

Obviously, this is a rather large inferential leap and, when viewed objectively, a rather illogical statement which may or may not be true. In the first place, this author knows of no empirical studies which have investigated the correlation between Bender distortion errors and board copying errors. More importantly, the school psychologist would not have to make this inference if he/she had conducted a more direct assessment. A more direct, albeit more valid assessment would be to take Johnny into a classroom, seat him where he usually sits, write words, numbers, sentences, and other symbols on the board, and see if he can copy them. The difficulty with the Bender (among a multitude of other difficulties) and similar assessment devices is that school psychologists are often convinced that they can "get something for nothing." That is, at a cost of 5-10 minutes time, a large amount of useful information can be garnered from such an assessment device. This is simply just not the case. The quality and usefulness of assessment information is directly related to the quality of the assessment devices used and the time and effort put into the assessment process.

Summary

There are at least three aspects of the assessment process that are changing: (1) an increasing focus upon outcomes of psychoeducational assessment, (2) a decreasing emphasis upon the individual intelligence test and changing classification schemes, and (3) reduced levels of inference. Teachers have demanded that psychoeducational assessment and reports be made more relevant to classroom functioning (outcomes and intervention). The courts have seriously questioned the fairness and usefulness of IQ tests in making classification decisions. Finally, parents, teachers, and even the courts have been highly skeptical of psychoeducational assessment which is primarily dependent upon high levels of inference. In the future, we will have to accommodate these changing emphases if school psychologists are going to continue to be a vital source in the schools.

As previously discussed, assessment for special education classification and intervention must be multifactored in nature. The way in which multifactored assessment is typically carried out is that various members of the multidisciplinary team carry out different aspects of the assessment process and formulate their own report of assessment results at staffings independent of the results of other team members. For example, the speech therapist conducts the speech assessment and reports the results independently of the other assessments. The same holds true for the special education consultant (educational testing), the school nurse (vision and hearing screening, the school social worker (historical information and family background), and the school psychologist (intelligence, perceptual-motor, personality, etc.)

While this "division of labor" is efficient in terms of time, it usually results in the various team members having only a very narrow understanding of the child and his/her functioning in the school setting. Since school psychologists are the foremost experts on assessment in the schools, they should take primary responsibility for the entire assessment process. As such, school psychologists should assess as many areas as possible so that they have as much information about children and their functioning in school

as well as community environments. Some may see this as overstepping boundaries and infringing on the professional turf of others, however, in order to be the most informed member of the team and to validate the findings of others, school psychologists should collect this information.

At least seven types of assessment information should be collected by school psychologists in formulating diagnoses and recommending intervention programs. These are: (1) historical information, (2) screening information, (3) interviews, (4) norm-referenced tests, (5) criterion-referenced tests, (6) rating scale information, and (7) direct observation. In the following section, each type of assessment will be briefly discussed and the utility of each type of data will be proofread. A subsequent section will discuss how to integrate these divergent sources of information in formulating diagnoses and interventions.

Historical information. School records represent the mose useful source of information concerning a child's school history. Information such as past results of group achievement and intelligence tests, past grades, teacher comments, retention data, parent letters, and medical data are contained in school files to varying degrees. Depending on the age of the child, school psychologists can obtain a reasonably accurate picture of the child's school development history from permanent files. This information is particularly helpful when interpreting current test results and present academic or behavior difficulties in the classroom. Cues about a child's past reinforcement and punishment history sometimes can be derived from school files which may be useful for intervention purposes. Information from school files should be interpreted in light of the obvious shortcomings of this type of data such as vital missing information, lack of verification, unreliability of past observations of behavior, and subjectivity.

Screening information. Children referred for psychoeducational assessment are first given vision, hearing, and speech screening by appropriate specialists in the schools. School psychologists do not usually see assessment of these areas as part of their responsibility in the assessment process. It is recommended, however, that school psychologists closely observe children's responses in the testing or classroom situation to get an information assessment of sensory and speech functions. For example, the observation that a child holds the test materials (e.g., Picture Completion) very close to the eyes, or if his/her eyes are swollen and red is very important information to be included in a psychoeducational report. Another example of the utility of the school psychologist collecting observations on sensory functioning is in the area of informal hearing assessment. Suppose the referral stated that the child did not pay attention in class, gave incorrect answers to simple questions, and frequently asked to have things repeated. In the classroom observation, the school psychologist noted these same behaviors and that the classroom was relatively noisy and the referred child was sitting in the back of the room. This information might indicate a hearing difficulty; something that should be corroborated by the speech therapist's or audiologist's assessment.

Although vision, hearing, and speech assessments are usually the province of other school professionals, school psychologists should not hesitate to assume the responsibility of informally collecting this information to validate the findings of others.

Interview. The psychological interview is a universal tool for gathering information about children's behavior and the setting or situations in which behavior occurs. Interviews are used by behavioral, as well as more psychodynamically-oriented psychologists. Behavioral psychologists use the interview to collect information regarding antecedent, sequential, and consequent conditions surrounding behavior as well as to assess cognition and affect. In assessing children for special education, interviews should be conducted with three information sources: (1) teachers, (2) parents, and (3) the referred child. Each source yields potentially useful information concerning those aspects of a child's behavior that these different sources are concerned about.

One of the most useful systems of interviewing teachers and parents is Bergan's behavioral consultation model (1977). Behavioral consultation is a way of assisting consultees in defining and analyzing behavior and/or learning problems, in implementing plans to correct these problems, and in evaluating the effects of intervention programs (Bergan, 1977; Bergan & Tombari, 1975; Tombari & Davis, 1979). Consultants (school psychologists) solicit precise descriptions of problem behaviors, the conditions surrounding target behaviors, and the rate/intensity of target behaviors through the use of their verbal behavior. The focus in behavioral consultation is upon behaviors, behavior settings, and observations of behavior.

Behavioral consultation takes place in a series of three interviews: (1) Problem Identification Interview (PII), (2) Problem Analysis Interview (PAI), and (3) Problem Evaluation Interview (PEI). While the behavioral consultation model was designed for intervention purposes, the PII phase of the model can be used as an assessment strategy. In the PII, the purpose is to get from the consultee a precise description of problem behaviors as well as descriptions of the setting(s) in which these behaviors occur. Finally, the consultant attempts to get the consultee's estimation of the frequency or severity of the problem behavior(s).

Conducting a PII with the referring teacher is an excellent way of obtaining descriptions of the child's behavior in the classroom. By focusing upon behavior and behavior setting, the school psychologist almost forces an objective description of problem behaviors. This information is useful whenever the school psychologist observes in the classroom since he/she will know which behaviors to record and the approximate times of the day in which the behavior is most frequent or intense. With special education referrals, school psychologists may want to conduct PII's with several of the child's teachers to determine the consistency of problem behaviors across settings.

School psychologists should also conduct a PII with the referred child's parents to get an idea of the child's behavior in home and community settings. If there are problem behaviors in the home, the psychologist may ask parents to collect data on the frequency and/or intensity of behaviors which could be valuable information for placement committees. This is particularly important with ED referrals because behavior problems occurring only in the school and not the home setting typically indicate less severe disturbances (O'Leary & Johnson, 1979; Ross, 1980). For convenience, school psychologists may want to conduct PII's with parents via telephone.

An interview with the referred child can be conceptualized as a type of behavioral observation in a contrived situation. Interviewing children does present some special problems in that kids do not process complex communication skills nor are they as able to self-monitor and report feelings or to identify behavioral excesses and deficits as adults. Treating a child interview as a type of behavioral observation, school psychologists can derive much useful information from interview situations. This information includes: (1) the child's ability to sit quietly, pay attention, establish eye contact, and listen, (2) the child's ability to convey feelings and actions through words, vocabulary, and voice quality, and (3) the nature of the child's affect (excited, dejected, etc.). Interviews can be made less threatening and formal by having play materials, crayons, coloring books, and food available. Interviews could also occur in the playground or other areas besides a room to reduce a child's anxiety or embarrassment. Child interviews should obviously take place after all observational data have been collected to minimize observer reactivity.

Norm-referenced and criterion-referenced tests. Quite obviously, school psychologists will use standardized norm-referenced tests in making classification decisions. These will not be discussed here. For intervention purposes, school psychologists should routinely administer and report the results of diagnostic and/or criterion-referenced tests. For example, an analysis of a child's oral reading errors or math computation errors is extremely useful information from which report consumers can derive interventions. Historically, school psychologists have not concerned themselves with diagnosis of academic problems through the use of tests designed specifically for this purpose. School psychologists should increase their use of these instruments in order to contribute more relevant information to regular and special education teachers.

Rating scales. Rating scales completed by informed judges (teachers, parents, and peers) constitute useful information in the identification of children for special education programs. The particular rating scale used will be dictated by the type of information desired and the nature of the placement under consideration (i.e., MD, LD, or ED). Several behavior rating scales are available and should be used as part of multifactored assessment by school psychologists. These include: Behavior Problem Checklist, Walker Problem Behavior Identification Checklist, Myklebust Pupil Rating Scale, Connors Teacher Rating Scale, Werry-Weiss-Peters Activity Scale, Stephens' Social Behavior Assessment, Child Behavior Checklist, and various adaptive behavior measures.

Peer ratings or nominations also provide valid and reliable information regarding a referred child's social status. Peer ratings are useful in selecting children who are having difficulty in interpersonal functioning. A large body of research supports the notion that handicapped children (MD, LD, and ED) are poorly accepted by their nonhandicapped peers (see Gresham, 1981a, 1981b, 1981c, and 1981d for discussions).

To summarize, collecting teacher, parent, and/or peer ratings constitutes good assessment practice. These ratings constitute additional sources of information against which direct observations, interviews, screening information, historical information, and tests can be compared.

Direct observation. Observation of behavior in a naturalistic setting (e.g., classroom, playground, cafeteria, etc.) is the hallmark of behavioral assessment. The primary function of direct observation is to get an accurate and objective measure of behavior in a variety of contexts to determine its frequency, rate, intensity, and/or quality. Volumes have been written on how to conduct naturalistic observations and the author assumes that most school psychologists are familiar with basic behavioral observation techniques. If not, readers are referred to recent articles describing their use in educational and clinical settings (Alessi, 1979; Foster & Cone, 1980; Wasik & Loven, 1980).

Although there are numerous observation techniques, all of them can be classified as measuring one of four dimensions of behavior: (1) frequency dimension, (2) temporal dimension, (3) intensity dimension, and (4) direct evidence dimension. Before selecting specific recording procedures, school psychologists consider the following six aspects of behavior:

1) Rate of Behavior - Low frequency behaviors (e.g., frequency of school refusal, voluntary soiling, aggressive behavior, etc.) should be assessed using event recording. Moderate to high rates of behavior should be assessed using some type of interval recording (whole, partial, or point time sampling).

2) Magnitude or Intensity of Behavior - Some behaviors occur at low frequencies but high magnitudes while other behaviors occur at high frequencies and low magnitudes. Recording only the frequency or duration of behaviors without an estimate of magnitude yields an inaccurate or incomplete picture of behavior in school settings.

3) Temporal Characteristics - Behavior can also vary along three temporal dimensions: (a) duration or how long a behavior lasts, (b) latency or the time that elapses between the presentation of a stimulus and the initiation or completion of a response, and (c) interresponse times or the time that elapses between responses. Some behaviors may occur infrequently but may have relatively long durations. Some children may comply with 100% of teacher requests but may have latencies of 5-10 minutes in complying with requests. Assessing temporal dimensions of behavior is important for a comprehensive picture of a child's behavior.

4) Environmental Conditions - There is considerable evidence to suggest the situation specificity of behavior (Barker, 1968; Mischel, 1968; Wicker, 1979). Given this situational specificity of behavior, school psychologists should assess those conditions which exist just before a behavior occurs (antecedents), just after a behavior occurs (consequences), and during which a behavior

occurs (sequential conditions). School psychologists should observe the behaviors of referred children in several settings (classrooms, playgrounds, etc.) and in several situations in the same setting (independent work, large group activity, small group activity, etc.)

5) Normative Comparisons - There are currently no available norms for observed rates of behavior in classrooms. An alternative is to collect local "micro norms" using a technique called cohort sequential time sampling. With this technique, the teacher is asked to nominate three cohorts for the target child and the behaviors of all four children are tracked sequentially over a period of time using an interval recording method. For example, if the target behavior was disruptive behavior (operationally defined), the teacher would be asked to nominate a same-sex peer who was least disruptive, a same-sex peer who was average in terms of disruptive behavior, and a same-sex peer who was above-average in disruptive behavior. The target child's rates of disruptive behavior then could be compared to other childrens' rates as in a norm-referenced model. Potentially confounding variables such as teacher, classroom, times of day, and activity can be controlled for using this technique.

6) Representativeness of Behavior - In using direct observation to make classification and programming decisions, school psychologists must ensure that they have collected a represetnative sample of behavior. Thus, behavior should be observed in different settings, in different situations within settings, and across time. Observed behavior should be representative of the referred child's behavior across settings, across situations, and across time if observational data is to have adequate content validity. A rough guideline is that observations should be based upon 3-5 days of observation in various settings and situations.

Seven broad types of assessment information have been reviewed and constitute multifactored assessment. Under each of the broad types of assessment information, several subtypes of assessment information exist. For example, under rating scale information one would find parent ratings, teachers ratings, and peer ratings as methods of assessment. The contents of these sources of assessment might be adaptive behavior, social skills, and tendencies toward emotional disturbance (e.g., Behavior Problem Checklist).

Integration of these diverse sources of information in a meaningful manner to make recommendations regarding educational placement and interventions is critical. A useful way to meaningfully integrate these diverse sources of information is through the multitrait-multimethod approach to test validation (Campbell & Fiske, 1959). The following section briefly reviews the multitrait-multimethod model and examples of its application to psychoeducational assessment and decision-making are provided.

Multitrait-Multimethod Model

The multitrait-multimethod (MTMM) model was developed by Campbell and Fiske (1959) as a means of establishing the construct validity of psychological and educational tests. These authors stated that validity is typically covergent, that is:

> . . . Validity is represented in the agreement between the two attempts to measure the same trait through maximally different methods.(p. 93)

Using multiple measures of multiple traits allows one to determine the variance in scores due to the effects of measurement and to identify convergence or agreement between sources of information which are due to measurement of the same trait. The MTMM approach can be adopted by school psychologists conducting psychoeducational assessments and in arriving at classification and placement decisions. School psychologists should use the MTMM approach at a conceptual level in that they should be looking for general agreement between methods (i.e., between teacher interviews, teacher ratings, and direct observations) and within methods (i.e., general agreement between teacher ratings, parent ratings, and peer ratings).

Obviously, there are many cases in which high levels of agreement between and within methods will not be found. The purpose of the model is, when agreement is not found, for the school psychologist to explain the lack of agreement between and within methods of assessment.

Convergence: Practical Examples

The need for establishing some form of convergent validation becomes even more profound as the behavioral dimensions we deal with increase in band width (Johnson & Bolstad, 1973). The special education diagnostic categories of mental retardation, learning disabilities, and emotional disturbance are primary examples of broad-band categories which are made up of a collection of more discrete behavior categories. It becomes crucial for school psychologists to render a valid assessment and decision regarding the presence of MD, LD, or ED when faced with such referrals. What the school psychologist should be looking for is general convergence between sources of information. Psychologists should also look for general convergence within methods of assessment (e.g., between parent, teacher, and peer ratings). If there is a lack of agreement between or within these methods of assessment, then the child's problem may be more circumscribed and a recommendation for resource rather than self-contained placement may be indicated. Lack of convergence between teacher interview information and direct observation data may suggest a teacher-child "personality conflict" (e.g., high frequency of negative teacher verbalizations to student or a low teacher praise/verbalization ratio).

We have recently moved toward assessment practice in this state which merely makes predictions about the children that we serve (proposed LD rules and regulations). Psychoeducational reports which state that a child does or does not qualify for a particular program on the basis of assessment that only takes into consideration psychometric properties of tests (i.e., reliabilities of tests, correlations between tests, regression toward the mean, and differences in normative samples) may not be warmly received by parents, teachers, and administrators. More importantly, these reports are not likely to make a difference in the lives of children since the decision will be based largely on the results of norm-referenced tests. The assessment techniques and reports suggested by the MTMM approach are more likely to result in nonbiased and useful information which should make a difference in the lives of handicapped children.

Another example of lack of convergence between and within methods can be explained as follows. Suppose a child referred for mental disabilities assessment received a relatively high score on the Peer Relations subtest of the ABIC (Parent rating) but received low scores on a peer rating scale, the Social Behavior Assessment (teacher rating), and observed rates of positive social interaction in the classroom. The lack of convergence may be explained by the fact that different information sources are being used. There is general convergence regarding the child's social acceptance and social skills in the school setting (i.e., peers, the teacher, and the observations agree). The point of disagreement (divergence) is found in the parent ratings of the ABIC. Recall that the ABIC attempts to measure adaptive behavior in home and community settings. Thus, from the parent's perspective the child had relatively good peer relationships in the home setting. The problem seems to be that this is not generalized to the school setting. From this and other information, school psychologists should be able to make appropriate classification and intervention decisions.

The next section will present three psychoeducational reports which illustrate how the MTMM model can be used to arrive at classification decisions and recommendations for intervention. Examples of an MD case, an LD case, and an ED case are provided.

Multifactored assessment of children for special education programs constitutes not only a legal guideline (via 94-142) but also good assessment practice. As in many legal mandates, a large gulf often exists between what is stipulated and the technology required to implement the stipulation. This paper has suggested the multitrait-multimethod (MTMM) approach as a conceptual model for conducting multifactored assessment and generating psychoeducational reports which are useful in making classification and intervention decisions. While it is unreasonable to expect perfect convergence, the school psychologist should base classification and intervention decisions in general convergence between and within assessment methods.

The MTMM approach is used here as a heuristic model for organizing and summarizing diverse sources of assessment information. Perhaps the greatest advantage of the model for handicapped children is that the assessment information is easily translated into useful and meaningful interventions. One of the simplest yet most profound statements about psychoeducational assessment was given by Maynard Reynolds (1975):

. . . the measurement technologies ought to become integral parts of instruction, designed to make a difference in the lives of children and not just a prediction about their lives. (p. 15)

References

Alessi, G. J. Behavioral observation for the school psychologist: Responsive-discrepancy model. School Psychology Review, 1980, 9, 31-45.

Barker, R. G. Ecological psychology. Stanford, CA: Stanford University Press, 1968.

Bergan, J. R. Behavioral consultation. Columbus, Ohio: Charles Merrill, 1977.

Bergan, J. R., & Tombari, M. L. The analysis of verbal interactions occurring during consultation. Journal of School Psychology, 1975, 13, 209-226.

Campbell, D. T., & Fiske, D. W. Convergent and discriminant validation by the multitrait-multimethod matrix. Psychological Bulletin, 1959, 56, 81-105.

Foster, S. L. & Cone, J. D. Current issues in direct observation. Behavioral Assessment, 1980, 2, 313-338.

Gresham, F. M. Assessment of children's social skills. Journal of School Psychology, 1981, 19(2), in press. (a)

Gresham, F. M. Social skills training with handicapped children: A review. Review of Educational Psychology, 1981, 51(1), 139-176. (b)

Gresham, F. M. Misguided mainstreaming: The case for social skills training with handicapped children. Exceptional Children, 1981, 47, in press. (c)

Gresham, F. M. Validity of social skills measures in assessing the social competence of low-status children: A multivariate investigation. Developmental Psychology, 1981, 17, 390-398. (d)

Johnson, S. M., & Bolstad, O. R. Methodological issues in naturalistic observation: Some problems and solutions for field research. In L.A. Hammerlynck, L. D. Handy, and E. J. Nash (Eds.), Behavior change: Methodology, concepts, and practice (4th Banff International Conference on Behavior Modification). Champaign, Illinois: Research Press, 1973, 7-67.

Mischel, W. Personality and assessment. New York: John Wiley & Sons, 1968.

O'Leary, K. D., & Johnson, S. B. Psychological assessment. In H. C. Quay and J. S. Werry (Eds.), Psychopathological disorders of childhood (2nd ed.). New York: John Wiley & Sons, 1979, 210-246.

Reschly, D. J. Nonbiased assessment. In G. Phye & D. Reschly (Eds.), School psychology: Perspectives and issues. New York: Academic Press, 1979.

Reschly, D. J. School psychologists and assessment in the future. Professional Psychology, 1980, 11, 841-848.

Salvia, J., & Ysseldyke, J. E. Assessment in special and remedial education (2nd ed.). Boston: Houghton-Mifflin, 1981.

Reynolds, M. C. Trends in special education: Implications for measurement. In M. Reynolds and W. Hively (Eds.), Domain-referenced testing in special education. Minneapolis: Leadership Training Institute/ Special Education, University of Minnesota, 1975.

Ross, A. O. Psychological disorders of children: A behavioral approach to theory, research, and therapy (2nd ed.). New York: McGraw-Hill, 1980.

Tombari, M. L., & Davis, R. A. Behavioral consultation. In G. Phye and D. Reschly (Eds.), School psychology: Perspectives and issues. New York: Academic Press, 1979.

Waskik, B. H., & Loven, M. D. Classroom observational data: Sources of inaccuracy and proposed solutions. Behavioral Assessment, 1980, 2, 211-227.

Wicker, A. W. An introduction to ecological psychology. Monterey, CA: Brooks/Cole, 1979.

Psychoeducational Evaluation (Mental Disabilities)

Name: Tom Jones
Date of Birth: May 7, 1971
Sex: Male
Age: 10 years
Grade: 3
School: Wise Elementary School

Parents: Thomas and Jeannie Jones
Address: 221 Oak Avenue
Rural, Iowa 50000
Date of Report: May 15,
Examiner: Frank M. Gresham
Position: School Psychologist

Reason for Referral:

Tom was referred by his teacher, Mrs. Smith, because of Tom's poor academic performance in her classroom. Mrs. Smith also stated on the referral that Tom was having difficulty in getting along with peers and that he seemed to be immature.

Relevant Background Information

A review of Tom's permanent records indicated that he has experienced difficulty in school since kindergarten. Tom enrolled in kindergarten at age 5 and advanced to first grade at age 6. Permanent records state that Tom was retained in Grade 1 because of "immaturity and poor academic performance." The most recent results of academic achievement are Tom's Iowa Tests of Basic Skills (ITBS) administered in the fall of 1980. These results show Tom as functioning 1 1/2 to 2 grade levels below his current grade placements in all areas measured by the ITBS.

Results of vision and hearing screening administered by the school nurse and speech therapist, respectively, indicated no deficits in these areas. The speech screening indicated that Tom has a mild articulation disorder which did not warrant the services of the speech therapist. The social worker's report stated that both Tom's parents worked and that he has two siblings: a brother age 13 and a sister age 4. Tom's brother has been enrolled in a special education program for the mentally disabled since 1976.

Problem Identification

Teacher interview. A 30-minute interview was held with Mrs. Smith, Tom's teacher, in order to identify those behaviors which led to Tom's referral for psychoeducational evaluation.

Mrs. Smith indicated that Tom's major problem in her classroom was that he found the work too difficult. She described his typical response to class assignments as verbal complaints about having to complete work, being off-task (looking around, daydreaming, and watching other work), and disruptive behavior (talking out in class, out of seat, and hitting peers with hands, pencil, or throwing paper wads).

Mrs. Smith indicated that Tom was in her lowest reading, math, and language arts groups but was still experiencing difficulty with the material. She also stated that he was unliked by peers and received many negative statements from them (e.g., "Beat it," "Go away dummy," etc.).

Parent interview. A 20-minute interview was conducted by telephone with Tom's mother on April 6, 1981. I explained that the purpose of the interview was to get some more information regarding Tom and his behavior in the home and community setting. Mrs. Jones stated that Tom had never liked school and that this year his dislike for school had intensified (she had noticed an increase in his negative verbalizations about school and teachers as well as an increase in attempts to stay away from school by pretending to be ill). Mrs. Jones stated that Tom preferred to play with younger children in the neighborhood. She had noticed that Tom encountered difficulty when playing with same-age peers (arguments, fights, etc.).

Interview with Tom. A brief (20 minute) interview with Tom was held in the school counselor's office. This interview took place after behavioral observations had been collected. Tom stated that he hated school, his teacher, and his classmates. When asked why, Tom replied, "Because they are all stupid and don't like me." I asked if there was any way school could be changed so he would like it and he said, "Yes, burn the place down." From this interview the following problems were identified:

1. Tom dislikes school and does not get along with his teacher or peers.

2. He seems to feel that school is a failure-based situation over which he has no control.

3. He doesn't think others like him (teacher and peers).

Classroom Observations

Tom's behavior was recorded in Mrs. Smith's class three times over a period of eight days. Each observation session lasted approximately 15 minute. The following behaviors were recorded: off-task behavior, disruptive behavior, and initiating and receiving negative social interactions. During the observation period, Tom was off-task 65% of the intervals observed, had a disruptive behavior rate of 1.5 disruptive behaviors per minute, and initiated and received an average of .5 negative social interactions per minutes. The rates of these behaviors were above the classroom average as measured by recording these behaviors of three children in Tom's class.

Test Results

Tom's performance on the WISC-R was within the mild mental disability range explaining at least partially why he was experiencing difficulty on academic tasks. His scores on the PIAT corroborated his ITBS scores showing that he was functioning 1 1/2 to 2 grade levels below grade placement. On the diagnostic reading test, Tom made 22 oral reading errors, most of which were omissions and mispronounciations. Tom appears to have very poor phonics skills and a rather limited sight-word vocabulary. On a diagnostic mathematics test, Tom exhibited the following errors.

Addition: Lost place in column, errors in writing answers, added some numbers twice.

Subtraction: Failed to borrow, deducted a minuend when borrowing was not necessary, reversed digits in remainder.

Tom did not attempt the multiplication or division problems stating that he had not been taught those operations in class.

Rating Scales

On the Adaptive Behavior Inventory for Children (ABIC), Tom scored in the average range in all areas except the Peer Relations subtest. On the Social Behavior Assessment (SBA), Tom exhibited deficits in the areas of coping with conflict, on-task behavior, and quality of work. On a peer rating scale, Tom received an average rating of 1.6 (1 being low and 5 being high) from same-sex peers. The results from the ABIC, SBA and peer rating scale agree in suggesting that Tom has difficulty in relating to peers.

Diagnosis and Summary of Problem Areas

Based upon Tom's intellectual and social skill deficits and the amount of teacher time required to keep him on task and learning, Tom is diagnosed mildly mentally disabled and should be placed in a special education program to remediate some of his deficiencies in academic and social areas.

Behavior: Tom must:

1. Remain on task in order to complete academic assignments.
2. Acquire basic skills in reading and mathematical operations.
3. Decrease the frequency of disruptive behavior in the classroom.
4. Improve his social interactions with peers.

Affect: Tom must:

1. Improve his attitude toward school.
2. Improve his attitude toward teachers.
3. Improve his attitude toward peers.

Recommendations

Tom's academic and social skills are significantly low enough to impede his learning and the learning of others in his classroom. His academic and social behavior is markedly worse than that of others in his classroom. The learning tasks that Tom can succeed at, the level of teacher attention required to keep him on task and learning, and the immediacy of reinforcement and punishment needed are beyond the resources of the regular classroom settings.

For the above reasons, the following recommendations are offered:

1. Tom should be placed in a special education program under the classification of mental disabilities.
2. The objectives of such a program should include those listed under "Summary of Problem Areas."

3. The details of this program should be worked out in a joint meeting with teachers, parents, school psychologist, and special education staff.

4. The program should include sufficient mainstreaming to allow the evaluation of progress toward program objectives using data gathering techniques described in this report.

Comments on Psychoeducational Report: Tom

1. Note the convergence between the different sources of information. For example, the historical information showed a history of school difficulty which was corroborated by teacher interview, teacher ratings, testing, and classroom observation.

2. Note the convergency within different sources of information. For example, the interviews with the teacher, the mother, and Tom all suggested that Tom disliked school and had difficulty in interpersonal relationships with same-age peers.

3. Note that the school psychologist only briefly mentioned the IQ test results and the norm-referenced achievement results. More time was spent on the diagnosis of specific learning problems in reading and math.

4. Note the summary of problem areas is couched in terms of the things Tom has to do in order to improve his behavior and attitude. Also note that the recommendations are tied directly to this summary.

5. Note that a diagnosis of mental disabilities was made but was not dwelled upon. More importantly, specific behaviors in need of remediation were emphasized.

6. Note that the proposed intervention is going to be a cooperative program between the school psychologist, parents, teachers, and special education staff.

Psychoeducational Evaluation (Learning Disabilities)

Name: Ann Smith
Date of Birth: May 7, 1972
Sex: Female
Age: 9 years
Grade: 3
School: Wise Elementary School

Parents: Daniel and Jane Smith
Address: 106 Pine Street
Rural, Iowa 50000
Date of Report: May 15,
Examiner: Frank M. Gresham
Position: School Psychologist

Reason for Referral

Ann was referred by her teacher, Mrs. Jones, because of her poor reading skills. Mrs. Jones stated that Ann was reading at approximately the first-grade level. She also stated on the referral that Ann was extremely distractible and appeared to be "hyperactive."

Relevant Background Information

A review of Ann's permanent records revealed that she had encountered difficulty in school since first grade. The records indicated that Ann had changed schools three times since first grade. Teacher comments from the other schools were consistent in suggesting that Ann was "always on the move," "in constant motion," and "cannot concentrate." On the Iowa Tests of Basic Skills, Ann was functioning two grade levels below grade placement in reading but was functioning at grade level on the Mathematic Computation subtest. This would suggest a relative strength in math computation and that her lower scores on the Concepts and Problem Solving subtests were depressed by her poor reading ability.

Vision and hearing scoring administered by the school nurse revealed no problems in these areas. Speech screening also did not show any particular deficits in speech or language functioning. Permanent records state that Ann is an only child who has no prior history of special education services.

Problem Identification

Teacher interview. A 30-minute interview was held with Mrs. Jones, Ann's teacher, to identify specific behaviors and academic dificits that lead to the referral.

Mrs. Jones stated that Ann was a reasonably well-behaved student except she was constantly off task (looking around, tapping her pencil, day-dreaming) and somewhat "hyperactive" (out of seat, frequent movement of arms and legs while sitting, etc.). In terms of academic deficits, Mrs. Jones stated that Ann had virtually no phonics skills and relied mainly on a limited sight-word vocabulary for reading. Ann's teacher suggested that Ann could probably learn a large number of sight words "if only she would concentrate on her work and stop moving around so much."

Mrs. Jones said that Ann's math computational skills were adequate but that she could not function in her higher math groups because her deficits in reading prevented success on word problems. When asked what would constitute educationally significant changes in Ann's behavior Mrs. Jones stated that increasing on-task behavior, decreasing out of seat and movement, and improving Ann's reading skills were three highest priorities.

Parent interview. A 15-minute interview was held with Ann's father by telephone on April 12, 1981. Mr. Smith, Ann's father, stated that Ann had always found school difficult corroborating the data in Ann's permanent files. Mr. Smith said that he and his wife had been extremely concerned about Ann's poor reading skills and her apparent "hyperactivity." He stated that Ann had always been "fidgety" and that their family physician had recommended Ann be placed on Ritalin (a stimulant medication to control hyperactivity) at age 6, a recommendation that Mr. and Mrs. Smith had refused. According to her father, Ann seemed to like school and had several good friends in the neighborhood. When asked what changes in Ann's behavior he would like to see, Mr. Smith stated, "I would like her to be able to read better and stop being so fidgety."

Interview with Ann. A 25-minute interview was held with Ann in the school counselor's office. The interview took place after all behavioral observations had been collected. During the interview, Ann was constantly on the edge of her chair, sometimes sitting on one knee with the other leg on the floor. She had difficulty in maintaing eye contact and shifted the topic of conversation frequently. These shift in conversation seemed to be more frequent when reading was the topic of conversation than when other topics were introduced (e.g., favorite hobbies, games she liked to play, favorite TV shows, etc.). When asked what one think she would like to be able to do better in school, Ann said, "Reading" and quickly began to talk about her dog that she had gotten for Christmas.

Classroom Observation

Ann's behavior was observed in Mrs. Jones' class four times over a period of 10 days. Each observation session lasted approximately 20 minutes. Observations were collected in the following classroom situations: independent work, large and small group instruction, one-to-one teacher assistance with Ann, and free time (unstructured, non-academic instructional activities). A sequential time sampling procedure was used in which Ann's behavior and the behavior of three same-sex peers was recorded at the end of each 15-second interval. The following behaviors were recorded: off task, out-of-seat, modified out-of-seat (i.e., being partially out of seat), and unnecessary body movement (unnecessary movement of hands, arms, legs, and/or feet, rocking, etc.).

The observations showed Ann to be off-task for 70% of the intervals observed when engaged in independent work or large group instruction. She was off task only 10% of the intervals when engaged in one-to-one instruction with the teacher. Ann was out-of-seat or partially out-of-seat for 35% of the intervals observed, mainly when engaged in independent work or large group instruction. She exhibited unnecessary body movements for 51% of the intervals observed. The rates of these behaviors were far above the behaviors of the three same-sex peers observed in the classroom at the same time.

Test Results

Ann's performance on the WISC-R was within the average range. Her Verbal IQ was significantly higher than her Performance IQ, probably because of the timed subtests on the latter for which she was penalized by being off task frequently. Her scores on the PIAT corroborated her ITBS

scores as she was functioning approximately two grade levels below in reading and almost on grade level in mathematics. The word problems on the PIAT were difficult for her, supporting previous ITBS results and teacher interview information.

On the diagnostic reading test (Gates-McKillop), Ann made 36 oral reading errors. Most of these errors were mispronounciations, hesitations, and omissions. To get an idea of Ann's listening comprehension, the Durrell-Listening-Reading Series was administered. This assessment revealed that Ann was almost on grade level in listening but was two grade levels below in reading comprehension.

Ann was given some math work problems from her math textbook. She had great difficulty in solving the problems because she could not adequately read the problems to decide which operation to use. When the same problems were presented in computational format, she correctly solved 75% of the problems.

Rating Scales

Ann's teacher was given the Connors Teacher Questionnaire (a 39-item rating scale used to assess hyperactivity). Ann's parents were given the Connors Parent Questionnaire (a 93-item rating scale used to assess hyperactivity). Both scales agreed that Ann exhibited characteristics of "hyperactive" behavior. The results of these scales are corroborated by direct observations of behavior in the classroom, parent and teacher interviews, historical information, and Ann's behavior in the interview situation.

Diagnosis and Summary of Problem Areas: Ann must:

Based upon Ann's discrepancy between measured intelligence and reading ability, she is diagnosed as learning disabled with a specific weakness in the area of basic reading skills.

1. Increase her level of reading skills, particularly her decoding skills. She must also increase her sight-work vocabulary.

2. Increase her on-task behavior as this is a major cause of her relatively poor levels of performance in reading and math word problems.

3. Decrease her excessive movement around the environment and out-of-seat behavior.

Recommendations

1. Ann should be placed in a resource room setting under the classification of learning disabilities.

2. The objectives of such a program should include those listed in "Summary of Problem Areas."

3. The details of this program should be worked out in a joint meeting with teachers, parents, school psychologist, and special education staff.

Comments on Psychoeducational Report: Ann

1. Note the convergence regarding Ann's reading difficulties between the different sources of assessment information. The historical information, interview information, and testing information (both norm-referenced and informal/diagnostic measures).

2. Note the convergence between and within the different methods of assessment. For example, the historical, interview, observational, testing, and rating scale information all agreed as to Ann's problems with "hyperactive" behavior. Also, information within assessment methods agreed such as the agreement between teacher, parent, and child interview information sources.

3. Note the school psychologist's use of an informal assessment method such as selecting word problems from Ann's math book and observing performance. Note how the psychologist put them in computational form and noticed improvement in accuracy.

4. Note the utility of the information in this report for intervention purposes. Does the report contain information about specific academic and social behaviors that need to be changed?

Psychoeducational Evaluation (Emotional Disabilities)

Name: Bill Davis
Date of Birth: February 9, 1969
Sex: Male
Age: 12 years 3 months
Grade: 6
School: Wise Elementary School

Parents: James and Mary Davis
Address: 309 Elm Street
Rural, Iowa 50000
Date of Report: May 15,
Examiner: Frank M. Gresham
Position: School Psychologist

Reason for Referral

Bill was referred by his homeroom teacher, Mrs. Childs, because of aggressive and disruptive behavior in her classroom. Mrs. Childs stated on the referral that Bill was physically and verbally abusive to his peers, disrupted the class, and frequently swore in class when asked to behave appropriately or complete assigned work.

Relevant Background Information

A review of Bill's permanent records revealed some inconsistencies in his school history. Some teachers had viewed Bill as a fairly bright student who sometimes lost his temper, but performed adequately in class when the situation was structured. Other teachers saw Bill as a "trouble-maker" who could not fit in with regular classroom routines and who was aggressive and disruptive. Looking at Bill's history of Iowa Tests of Basic Skills (ITBS) since first grade showed that he has consistently performed at approximately the 75th percentile in all areas of achievement. The only exception to this pattern was Bill's most recent ITBS scores administered in Fall, 1980, on which he scored below the 25th percentile in all areas.

Vision and hearing screening revealed no problem in these areas. Speech screening did not detect any particular deficits in speech or language functions. Records indicated that Bill has no history of special education services.

Problem Identification

Interview with Teachers. Problem identification interviews were held with three of Bill's teachers: Mrs. Childs, his homeroom and language teacher; Mr. Edwards, his math and science teacher; and Mr. Duncan, his physical education teacher. The purpose of these interviews was to gather information about Bill's behavior in different settings and from different sources to assess the consistency of problem behaviors.

Mrs. Childs, the referring teacher, indicated that Bill was a "disturbed child" and stated that he constantly disrupted the class. Specific examples of class disruption included yelling at peers across the room, hitting others with fists, throwing objects in the classroom, and making "animal noises" (pig, cow, chicken, etc.). When asked what preceded these behaviors, Mrs. Childs indicated that these behaviors usually were preceded by a class assignment or her instructions for the class to settle down. Mrs. Childs' reactions to these disruptive behaviors included telling Bill

to be quiet, ignoring, sending Bill to the hall, sending Bill to the principal, and yelling at Bill in an angry tone of voice. The effects of these consequences resulted in increased frequency and intensity of disruptive behaviors according to Mrs. Childs.

An interview with Mr. Edwards, Bill's math and science teacher, revealed almost an opposite report. Mr. Edwards stated that Bill enjoyed math and science and was one of his better students. Bill exhibited none of the problem behaviors in Mr. Edwards' class that he displayed in Mrs. Childs' class. Mr. Edwards stated that he ran a "structured" class and required a large amount of work which left no time for "horseplay" and "goofing off."

An interview with Bill's P.E. teacher, Mr. Duncan, did not agree with the reported behaviors of Mrs. Childs. Mr. Duncan said that Bill was a good athlete and was seen as a leader in his P.E. class. Bill's peers in the class seemed to respect Bill's athletic ability and always wanted to be on his team when group sports were being played according to Mr. Duncan.

Parent interview. An interview was held with Bill's mother by telephone on April 1, 1981. Mrs. Davis stated she was aware of difficulties Bill was having in Mrs. Childs' class. She had questioned Bill about his behavior and his typical responses were: "She don't like me," "She's an old witch," etc. Mrs. Davis said that Bill exhibited no particular behavior problems at home except that he sometimes lost his temper and "blew up." Situations in which Bill usually lost his temper were not being able to complete tasks, losing athletic games, and having to complete homework assignments.

Interview with Bill. A 30-minute interview was held with Bill in the school counselor's office. I explained to Bill who I was, why I was interviewing him, and that I had observed him in several classes. Bill said he knew he had been misbehaving in Mrs. Childs' class but that she "had it in for him" since the first of the year. Bill said he hated language class because of the "stupid stuff" they had to do and because Mrs. Childs was a poor teacher. I asked Bill if he thought there was any relationship between his behavior towards Mrs. Childs and her behavior towards him and he replied, "No, she just doesn't like me."

When asked how the situation could be improved, Bill said, "Get me out of old lady Childs' class." I told Bill that this wasn't going to happen but that I would be glad to help him to get along better with Mrs. Childs. Bill did not seem overly enthusiastic about this prospect but seemed to like the possibility of talking with me about his problems.

Classroom Observations

Bill's behavior was observed in Mrs. Childs' class three times over a period of seven days. Each observation session lasted approximately 20 minutes. Behaviors observed were: talking out, making animal sounds, throwing objects, physical aggression, and swearing. All of these behaviors can be considered parts of the large response class of Class Disruption. Class disruption was observed for Bill and two same-sex peers according to a sequential time sampling technique in which an incidence of disruptive behavior was scored if it occurred any time during a 20-second interval.

Bill's average rate of disruption behavior was 50% of the intervals observed whereas his peers were disruptive for only 5% of the intervals observed. Teacher responses to disruptiveness including telling Bill to be quiet, ignoring, and sending Bill to the hall. Class responses were usually laughing, snickering, and smiling.

Bill's behavior was observed in Mr. Edwards' room on one occasion. During this observation, Bill exhibited one incidence of disruptive behavior (talking out). No observations were collected in Bill's P.E. class.

Test Results

Bill's performance on the WISC-R was within the bright-average range suggesting that he has the ability to achieve well in all of his classes. His scores on the Woodcock-Johnson Tests of Achievement (W-J) failed to corroborate his most recent ITBS scores. His scores on the W-J were mainly above average, especially the math and science clusters (90th percentile). Bill's only weakness was in Written Expression (Proofing and Diction) as he scored at the 40th percentile.

Rating Scales

The Behavior Problem Checklist (BPC) was given to Mrs. Childs and Mr. Edwards to complete. Results of the BPC from Mrs. Childs showed Bill scoring high on the Conduct Disorder dimension. Specific items checked as being a problem were attention-seeking, "show-off" behavior, disruptiveness, and profane language. These ratings are corroborated by the interview with Mrs. Childs and the observations collected in her class. Mr. Edwards checked no items on the BPC as being particularly troublesome. This was corroborated by the interview with Mr. Edwards and the classroom observations collected in his room.

The Child Behavior Checklist (CBCL) was completed by Bill's mother. The only problem behaviors which Mrs. Davis checked were temper and impulsive. This was corroborated by the interview with Mrs. Davis. In general, Bill showed no convincing evidence of a behavior disorder on the CBCL.

Diagnosis and Summary of Problem Areas: Bill must:

Based upon the lack of consistency of Bill's problem behaviors across settings within the school environment and at home, a diagnosis of emotional disabilities is not warranted at this time.

1. Decrease his level of disruptive behavior in Mrs. Childs' class.
2. Increase his level of positive interaction with Mrs. Childs and his work-completion rates in her class.
3. Learn to cope with frustration and control his temper.
4. Decrease his irrational thoughts (e.g.,"Mrs. Childs doesn't like me just because she has it in for me.").

Recommendations

1. A diagnosis of emotional disability is not warranted. The reason for this recommendation is based upon the lack of consistency of Bill's problem behaviors across settings within the school environment and at home. Although the frequency and intensity of Bill's disruptive behavior is too high in Mrs. Childs' class, it should be considered situation specific and thus amenable to change within the regular classroom.

2. An intensive behavior-change program designed to improve the problem behaviors listed under "Summary of Problem Areas" (#'s 1 and 2) should be undertaken immediately. The details of such a program should be worked out between Mrs. Childs, Bill's parents, and the school psychologist.

3. Bill should see the school psychologist at least once a week to work on temper control and modification of irrational thoughts, contingent upon parent approval.

4. Bill's progress in the behavior-change and counseling program should be closely monitored and be evaluated after one month.

Comments on Psychoeducation Report: Bill

1. Note the lack of convergence between teacher interviews.

2. Note the lack of convergence between classroom observation settings. Also the convergency between Mrs. Childs' interview, observation, and rating scale information and the lack of convergence of this information with Mrs. Edwards' information.

3. Note the general lack of convergence between the ITBS scores and the Woodcock-Johnson scores. Note that the school psychologist did not conduct diagnostic achievement testing since there were no particular problems in achievement areas.

4. Note the school psychologist's recommendation for a behavior-change plan to be designed by Mrs. Childs and himself. Note that it should be monitored closely and evaluated at the end of one month.

5. Note the school psychologist's recommendations that he see Bill once a week for counseling to work on specific areas of concern.

Three Year Reevaluations: An Alternative to the Reevaluation-Means-Retest Model

Jane Ross-Reynolds

THREE YEAR RE-EVALUATIONS
AN ALTERNATIVE TO THE RE-EVALUATION-MEANS-RETEST MODEL

And finally, what about three-year re-evaluations? As mandated by the law, they are forever before us, often the first tasks school psychologists face in September and last they finish in May. Can anything be done for?...about?...with the "required three-year re-evaluation?" The follow- ing article presents a new way of looking at the activities of the psycho- logist in conducting and reporting the results of re-evaluations.

The various components of the IEP are designed to answer four general questions in the development, implementation and evaluation of an educational program for an individual child. These questions are:

1. WHY: What needs justify the existence of this educational program?

2. WHAT? What are the objectives of the program? What will the program accomplish?

3. HOW? How will the program function to meet its objectives?

4. HOW WILL YOU KNOW? What kinds of information should be gathered so that you know if the HOW is meeting the WHAT for the WHY?

Salvia and Ysseldyke (1978) delineated five different types of assessment which may be viewed as the means by which data are collected to answer the questions posed above. Screening/Identification and Classification/Placement assessments are designed to answer the question WHY? Instructional planning assessments answer WHAT? and HOW? Pupil evaluation and program evaluation assessments are designed to answer HOW WILL YOU KNOW?

School psychologists are rightfully involved in the process and procedures for answering the first question. They conduct Screening/Identification and Classification/Placement assessments. The latter, as described by Ysseldyke (1979), serve largely administrative purposes in supporting the classification of children as exceptional and in providing accountability for the placement decision.

School psychologists have perhaps been less involved in conducting assessments for the purpose of instructional planning to answer the questions of WHAT? and HOW? The extent of their involvement might be limited, at present, to the determination of several annual goals, but school psychologists have training and expertise that might be usefully applied in these assessments as well.

School psychologists have been largely uninvolved in answering the last question. The three-year re-evaluation requirement in the Federal Rules and Regulations, however, serves to remind us of the importance of

this component of the IEP. We are offered a regularly-scheduled opportunity for conducting assessments related to program evaluation and pupil evaluation. In other words, this is the time to determine what kinds of information should be gathered so that a decision can be made as to whether the HOW? is meeting the WHAT? for the WHY?

The P.L. 94-142 Rules and Regulations pertaining to three-year re-evaluation in 121a.534 refer in part (a) to program evaluation and in part (b) to pupil evaluation. Giving official recognition and equal weight to both aspects in the evaluation of an individual educational program, the guidelines suggest minimal standards to be met in conducting these assessments. Admittedly skeletal, the guidelines were apparently "purposefully written to provide school personnel as much flexibility as possible" (Safer & Hobbs, 1980, p. 212) in establishing procedures to evaluate individual educational programs.

In keeping with the spirit and intent of P.L. 94-142 to protect the rights of handicapped children, the purpose of this article is to propose a model for three-year re-evaluations which "fleshes out" the requirements of the law.

The word evaluation in three-year re-evaluations carries several associations and connotations which must be considered before describing the model. Evaluation is often associated with tests and testing. Perhaps for this reason, Salvia and Ysseldyke (1978) adopted the term "assessment". They sought to minimize the testing emphasis and to define the concept "broadly as the process of collecting data for the purpose of making decisions for or about students" (Ysseldyke, 1979, p. 87). In this manner, this model broadens the conceptualization of the three-year re-evaluation by defining it as a process by which relevant data are collected and transformed into useful information for decision-making.

Evaluation may also evoke emotional responses, especially when it connotes accountability. At times, it almost seems as if we, as psychologists, had developed a conditioned emotional response of fear to evaluation activities perceived as implying accountability.

Why have evaluation and accountability been such touchy subjects? A part of the answer may be that evaluation has for too long been misconstrued as an evaluation of persons and their ability to do their job. This model seeks to redefine three-year re-evaluations as evaluations of program outcomes, rather than of personnel. The focus becomes whether the program is functioning to meet intended outcomes, not the competence of the personnel. Energy and attention are then directed at identifiable and manipulable instructional variables, not the natures of the persons involved. This is an important distinction to make, not only for all the professionals participating in three-year re-evaluations, but also on behalf of the individual child. In special education IEP's individual pupil evaluation and program evaluation interact. Program effectiveness must ultimately be measured in terms of individual student progress. By shifting the focus from the evaluation of persons to the evaluation of program outcomes and instructional variables we are less likely to allow

the child to be used as a scapegoat for our anxieties about accountability. Admittedly there may be some discomfort in overcoming our avoidance response, but by doing so, we also open ourselves to feedback on our successes.

The purposed model is based on the interaction of program evaluation and individual pupil evaluation. The design is derived from various reported procedures in evaluation (Bloom, Hasting, & Madaus, 1971).

In an attempt to be consistent with the conceptualization of three-year re-evaluations as a process by which relevant data are collected and transformed into information for decision making, the model first delineates the objectives of the three-year re-evaluations. These objectives point to the information needed which leads to suggested techniques and procedures to obtain the information necessary for making a decision. This process may be pictured as:

OBJECTIVES OF THREE YEAR RE-EVALUATIONS	INFORMATION NEEDED	TECHNIQUES AND PROCEDURES

I propose that the general objectives of three-year re-evaluations are both summative and formative (Bloom, Hasting, and Madaus, 1971). The objective of summative evaluation is to determine the overall outcomes of the program. Formative evaluation objectives focus on feedback for program improvement (Anderson, Ball, Murphy, & Associates, 1975). In order to be comprehensive, the summative evaluation should include both process evaluation (Was the program implemented according to its stated intentions?) and product evaluation (Did the program effect a change in the desired direction?) The primary goal of the formative evaluation is to specify recommendations for the modification of the program and services for the individual child.

The information needed may be expressed in the form of questions to be addressed. The author realizes that the school psychologist will not be the only professional involved in conducting three-year re-evaluations. Nevertheless, the school psychologist has a professional and ethical responsibility to insure that the relevant questions for a particular case have been addressed by the multidisciplinary team. Therefore, the questions included here are intended to be suggestive rather than prescriptive and representative rather than exhaustive. While it is believed that school psychologists will exercise professional judgment in selecting the appropriate and relevant questions for each case, at the same time, it is not deemed sufficient to administer a test of general intelligence and one or two other norm referenced tests. More to the point, if no psychological interventions have been implemented in a particular case, the school psychologist has a responsibility to assess the need for such intervention in the formative evaluation. The school psychologist also has expertise to offer in helping to "fine-tune" the existing IEP in consultation with those directly involved in implementing it.

While it is not sufficient to administer a test of general intelligence, neither is it always necessary. For example, if a child obtained a

score in a certain range on an initial evaluation, the psychologist can calculate the likelihood that the score will change on retesting by using the standard error of meausrement. In other words, if a change in the Classification/Placement is not a matter of consideration, or if the parents have not requested it, then a test of general intelligence should not be necessary. In this case, the psychologist would have extra time available to devote to insuring that the child's program will be more effective.

The suggested techniques and procedures include those which summarize and transform the data into information upon which to base a decision or judgment, as well as those which describe ways to collect data. Thus, the techniques and procedures are related in a rather circular fashion to the objectives of the re-evaluation. The basic issues in this relationship are those of validity and the appropriate standard of comparison upon which to base a judgment.

The issues of validity is confronted particulary with reference to the summative objectives. In order to ascertain the overall effectiveness of program interventions, it is necessary not only to document that change has indeed occurred, but also to rule out alternative explanations for the observed change. Two frequently mentioned alternative explanations are history and maturation (Phye, 1979). History refers to those events occurring in the external environment in addition to the intervention treatment. Maturation refers to those systematic biological and psychological changes within the individual occurring as a result of the passage of time (Phye, 1979). The proposed techniques and procedures in this model of three-year re-evaluations do not completely ignore the question of validity, but neither do they adequately address it. The present model primarily seeks to provide documentation that change has indeed been observed. One response to the validity question is to establish procedures for ongoing and more frequent evaluation activities. In addition to the three-year re-evaluation requirement, there is the requirement of the annual review. It is hoped that school psychologists will find these suggested techniques and procedures of benefit in establish on-going monitoring and data-collection activities to be used in the preparation of annual reviews, as well as three-year re-evaluations. In this way, the psychologist is really involved in a re-evaluation and does not have to start from scratch every three years.

Another issue involves the selection of the appropriate standard of comparison upon which to base a judgment. In estimating the overall effectiveness of the program, it is first necessary to compile the information from a variety of sources and secondly to seek evidence of convergence. Nevertheless, the judgement will ultimately be made in relation to a subjective standard. With respect to IEP's, this judgement will also reflect the consensus of the multidisciplinary team. It is hoped that the group of professionals involved will not evade their responsibility either by avoiding a judgment altogether or by rushing to reach agreement. Areas of divergence or disagreement should become the priorities of the formative evaluation efforts.

Two different types of criteria which the team can use for guidance in judging the overall effectiveness of the program are exit criteria and social validity. In Iowa, exit criteria have recently been formally proposed for programs in the category of Learning Disabilities. It is possible that exit criteria will be established for the other categories as well. Another criterion is that of social validity (Kratochwill, 1980). The team can judge the degree to which the program has brought the child's performance within the accepted levels for his or her peers. The appropriate norm-group, obviously, would not be selected on the basis of chronological age along. The exceptional child's performance would have to be compared to others of similar exceptionality. These criteria at least offer some standards of reference upon which to base a decision.

Another potential problem in making a summary comparison of the data involves the possible absence of appropriate entry level or baseline measures. In this instance, the determiantion of appropriate operational definitions and data collecting/monitoring procedures should be a high priority of the formative evaluation. As Kratochwill (1980) points out, one should aim for consistency in assessment procedures. The procedures established during this phase should be those which will be used in future evaluations. "Changing assessment procedures causes interpretive problems in that the individual monitoring the data does not know if changes are due in the intervention or the change in measuring target responses." (Kratochwill, 1980, pp. 203-240). To put in bluntly, the psychologist may be stuck in the summative evaluation with having to re-evaluation on some inappropriate measures used previously. However, the measures should be changed in the formative evaluation phase.

While norm-referenced measures have probably been and continue to be the most widely used instruments to assess the effects of program interventions, the author would like to suggest that school psychologists explore the possibilities of behavioral assessment methods and criterion-referenced measures in the formative evaluation to establish baselines for evaluating outcomes in the future. Kratochwill (1980) observed that behavioral assessment methods make a major contribution to program evaluation in that they "provide an ongoing measurement system to evaluate the effects of an intervention" and they "offer a distinct advantage over more traditional testing procedures, which typically provide only suggesstive and non-specific information about the effects of a treatment on a child's behavior which is gathered only once after the intervention has been terminated" (Kratochwill, 1980, p. 199). The advantage of criterion-referenced measures over norm-referenced measures is that they may supply more specific goals and objectives by virtue of the sequencing of the skills measured. In addition, the results are usually expressed in terms of skills acquired rather than in terms of the relative ranking of the individual.

Determining the amount of progress made through the interpretation of test results or the inspection of cumulative graphs of behavior in the summative evaluation is also complicated by the problem of the reliability of the measures used and the phenomenon of regression towards the mean. The baseline measures were as subject to errors of measurement as the

current results. Therefore, the apparent amount of progress may not be "real" in the sense that it is within the band of error associated with the two measures. Also regression towards the mean tells us that the improvement of low-performing persons could be expected to occur even in the absence of any intervention (Phye, 1979). Therefore, it is important to keep these aspects in mind when determining the amount of progress the child has actually made. Behavioral assessment methods also suffer from unreliability but their reliability may be improved by better operational definitions and observations by more than one person on more than one occasion.

The formative aspect of the three-year re-evaluation concerns what needs to be done next and what needs to be changed in the child's educational program. While a consideration of the appropriateness of the child's classification and placement will be warranted in some cases, the focus should be on the educational needs of the student.

The question of what needs to be done next involves taking cognizance of the child's age and developmental level. It may be necessary for additional curricular areas to be addressed in the goals and objectives. These areas may include but certainly are not limited to additional academic areas, survival skills, social skills training, and vocational and career education. Junior high and high school students often require such modifications in their program.

The question of what needs to be changed may also be addressed in relation to current ongoing interventions. The formative objective of the three-year re-evaluation is to provide feedback for program improvement. The school psychologist can offer valuable assistance in consultation with other members of the team in determining the <u>modifiable</u> variables in the instructional environment and in the interaction of the child with that environment which have an impact on the effectiveness of the interventions. A representative list of variables which have been identified as important to examine includes: nature of reinforcement and consequent conditions; mode of task presentation and response; scope and sequence of tasks, prerequisite skills; pace of presentation; amount of feedback and practice provided; number of cues and prompts provided. The interaction of the child with the environment may be considered in relation to: what events, activities, things are rewarding for the child; what stimuli capture and maintain the child's attention; on what types of tasks does the child maintain persistence; how many and which cues and prompts are relevant for the child; how much feedback and practice does the child require; at what criterion does the child experience success. The variables mentioned are only a sample of possible ones to consider. For a more extensive treatment, the reader is referred to McLoughlin & Lewis (1981).

Techniques and procedures which may be suggested are: task analysis, observation, work sample analysis, interviews, checklists, rating scales, and questionnaires. McLoughline and Lewis (1981) refer to these collectively as informal assessment procedures and offer a detailed discussion of their design and use.

The primary advantage of these techniques and procedures is their direct relevant to intervention. The main disadvantage involves questions of reliability and validity. The reliability and validity of these assessment procedures may not be as clearly established as the reliability and validity for standardized measures. Nevertheless, "data gathered through informal procedures should not be considered inferior to data gathered through formal testing (McLoughlin & Lewis, 1981). Furthermore, one must consider the use of these procedures in light of the psychologist's responsibility in the three-year re-evaluation to ask the necessary questions and choose the best procedures to gather information. The rejection of informal assessment procedures in favor of formal standardized measures may be inappropriate if more useful information can be gathered through informal means. Some of the concern regarding the selection and design of these procedures may be diminished if the psychologist establishes their content validity and interrater reliability for the appropriate interpretation of results (McLoughlin & Lewis, 1981). These efforts are intended to establish the appropriate baseline measures for use in future re-evaluations of the child's educational program.

A detailed outline of the model follows this discussion. The questions posed and the techniques and procedures suggested may serve to guide and direct the psychologist in conducting and writing the report for a three-year re-evaluation. One issue, however, remains to be addressed: the issue of time.

To some, this model may appear too time-consuming to be feasible. While some features may appear useful and meet the need we have all felt for a comprehensive and systemative approach to three-year re-evaluations, not to mention our concerns about our responsibilities regarding program effectiveness, the overall scope of the method may seen unreasonable. The writer is sensitive to the demands on the school psychologist's time and energies yet also aware of the sense of frustration which develops when the psychologist's time must be spent in activities that are perceived to be irrelevant and meaningless. Many of the activities presently associated with three-year re-evaluations have been so characterized by many of our colleagues. Therefore, if the proposed model could be viewed from the perspective of time-utilization rather than time-consumption and if the activities suggested are relevant and result in meaningful three-year re-evaluations aimed at improving the educational programs of children, then the time would seem to be well spent.

OBJECTIVES OF THREE YEAR RE-EVALUATIONS	INFORMATION NEEDED	TECHNIQUES AND PROCEDURES
Summative Process	What is the child's current Classification/Placement?	Review of IEP file. Interview with teacher.
	Is that different than originally specified?	Review of IEP file.
	What interventions have been implemented?	
	Academic	Review long-and short term objectives; interview teacher(s), student, parents.
	Psychological	Review reports, interview or questionnaire.
	Social and Emotional	Review reports; interview.
	(Vocational) Where Applicable	Interview/questionnaire with teacher, student, parent, work supervisor.
	(Medical) Where Applicable	Questionnaire or interview with school nurse or physician.
	Were there any recommended or intended, or requested interventions that have not been implemented?	Review of file. Interview with teacher. Interview with other members of the team. Interview with parent/teacher.
	Has the child received regular physicals and checkups of vision, hearing, and medication?	Interview or questionnaire with parent, school nurse, audiologist, and, if necessary, physican.
	What is an estimate of the degree to which the interventions described have been implemented as originally planned and as modified in the course of three years.	Summary determination of the match between the objectives and interventions as actually implemented.

OBJECTIVES OF THREE YEAR RE-EVALUATIONS	INFORMATION NEEDED	TECHNIQUES AND PROCEDURES
Summative Process		If no psychological interventions have been described psychologist should assess need in formative evaluation.
Summative (Cont.d)	What changes have the interventions effected?	Possible use of: behavioral assessment criterion-referenced measures norm-referenced measures.
	Have there been any concurrent changes observed in addition to the specific outcomes of stated goals and objectives?	Observations; interview with teacher, parent, other members of team; individual student.
	Have the changes been in the desired direction?	Inspection of test results and cumulative graphs of behavior.
	What is an estimate of amount of progress that has been made?	Summary comparison with entry level and baseline measures should consider the unreliability of measures and regression toward the mean.
	What is an estimate of the overall effectiveness of the program?	Data are ultimately compiled and compared with input from other members of the multidisciplinary team. Areas of convergence are sought to reach a concensus. Areas of divergence should reflect the priorities in the formative evaluation efforts.
		In judging the overall effectiveness of the program, the members of the team can keep in mind exit criteria and social validation of intervention outcomes (ie, to what degree has the child's performance or behavior been brought to accepted levels for peers?).

OBJECTIVES OF THREE YEAR RE-EVALUATIONS	INFORMATION NEEDED	TECHNIQUES AND PROCEDURES
Formative	Is the current Classification/Placement option appropriate?	Compare data to stated guidelines in Iowa Rules for Special Education. If necessary, gather additional data required for a Classification/Placement decision.
	Are there any curricular areas that need to be incorporated with the goals and objectives?	Consider age and developmental level of the child. Possible areas include: additional academic areas, survival skills, self-help skills, social skills training, vocational and career information.
	What additional interventions and modifications in the current interventions can be recommended? Academic Psychological Speech and Language Social and emotional Vocational Motor-physical Medical	Determine modifiable variables in the enrivonment and in the interaction of the child with the environment in consultation with other members of the team. May utilize task analysis, observation, work sample analysis, interviews, checklists, rating scales, and questionnaires. In selection and design of these informal assessment procedures, care should be taken to establish content validity and interrater reliability.
	What baseline measures should be obtained to evaluate outcomes in the future.	Consider using behavioral assessment methods, criterion-referenced measures or norm referenced measures.

An example of a report in a format based on this model has been generated. The questions in the model facilitate not only the evaluation, but also the chore of writing the report.

NAME: John
SEX: Male
DOB: 11-24-62
C.A.: 17-3

BUILDING: High School
GRADE: 11
REFERRED BY: Psychologist, Counselor
DATE OF EVALUATION:

PURPOSE:

The purpose of this report is to summarize the results of the three-year re-evaluation of John's educational program.

SUMMATIVE OBJECTIVE:

John has been receiving assistance in a multicategorical resource room for two hours per day, five days per week on the basis of a Mental Disability classification. This classification and placement were those specified on the basis of the initial assessment.

A review of the annual goals established for John over the past three years reveals that the objectives for John have mainly concerned the academic areas of reading and math. There was also an objective to provide supplemental assistance in completing regular classroom assignments. In addition, an annual goal was specified for increasing John's appropriate social interactions with peers and adults. Finally, an annual goal was established to provide work experience and vocational guidance for John. Annual goals which have changed significantly include the deletion of goals to improve John's oral reading skills, and use of phoetics in reading and spelling. The goals have changed to emphasize survival skills in reading, spelling, and math. There have been no annual goals which have not been implemented, and intervention activities have consistently matched the objectives.

John's resource teacher and physical education teacher, in consultation with the school psychologist, carried out an intervention designed to increase the frequency and quality of John's interactions with peers and adults. John's verbal interactions with peers have increased in both the resource and physical education class setting. John's verbal interactions with teachers, particularly in seeking clarification of assignments, have increased also according to his regular classroom teachers. At the same time, some of the improvement in John's socialability may be attributed to the fact that he has become one of the star players on the local basketball team.

An interview with John's work experience supervisor indicated that John's performance has been quite acceptable. He obtained above average ratings in promptness and attendance and ability to accept criticism. However, the supervisor rated John as average to below average in initiative and task persistence. John needed to be reminded to complete routine assignments in his work schedule. John is currently completing a unit on careers with his counselor. While John's work experience presently involves custocial-janitorial skills, John has expressed an interest in agricultural field work. Due to a lack of baseline measures, however, an estimate of the amount of progress in this area cannot be made.

THREE-YEAR RE-EVALUATION REPORT (Cont.d)
NAME: John -Page 2

SUMMATIVE OBJECTIVE (Cont.d)

With reference to academic areas, John was initially assessed in reading, spelling, and arithmetic using the WRAT. Specific grade equivalent scores were not initially reported, thus there is no information to be gained by re-evaluating John's performance in these areas with this instrument. Furthermore, intervention activities have been directed more towards survival skills in both areas. John's resource teacher reports that John has been performing these skills at 85% criterion level.

In the opinion of this psychologist, John's program has achieved notable successes in the areas of increasing John's social skills, providing work experience and career guidance, and in recognizing the need for him to develop survival skills in reading, spelling, and math as has been documented.

FORMATIVE OBJECTIVE

Interview with John's resource teacher, basketball coach and work supervisor suggest that redetermination of John's classification is warranted. Upon retesting, John obtained scores on the Wechsler Adult Intelligence Scale which place him in the Average range at about the 15th percentile rank among persons his age. The change in scores points to a possible change in classification from Mental Disability to Learning Disability.

Results of a questionnaire completed by John's parents, resource teacher, classroom teacher, and John himself indicate satisfaction with John's current placement and program in the resource room. One concern expressed by his parents, resource teacher, and classroom teachers which was also noted by his work supervisor was related to John's taking more responsibility for completing his assigned tasks. The school psychologist, in consultation with John's resource teacher and John, will design a program to improve John's task completion and task persistence both at school and at work. John will assist in determining the appropriate criterion for tasks completed.

Both John and his parents also expressed an interest in the possibility of changing John's work experience situation to be more consistent with his vocational objective.

The next annual review is the last one before John is to graduate. Care should be taken that John has earned the appropriate credits to graduate as well as having made adequate progress in reading and math. Finally, it is important that John gain work experience in a situation as similar to his vocational objective as possible.

_____ _____

School Psychologist Date

REFERENCES

Anderson, S. B., Hall, S., Murphy, R. T., & Associates. Encyclopedia of educational evaluation. San Francisco: Jossey-Bass, 1975.

Bloom, B. S., Hastings, J. T., & Madaus, G. F. Handbook on Formative and Summative Evaluation of Student Learning. New York: McGraw-Hill, 1971.

Kratochwill, T. R. Behavioral assessment of academic and social problems: Implications for the individual education program. School Psychology Review, 1980, 9, 199-206.

McLoughlin, J. A., & Lewis, R. B. Assessing special students. Columbus, Ohio: Merrill, 1981.

Phye, G. D. School psychologists as consultants in the evaluation of learning and intervention outcomes. In G. D. Phye and D. J. Reschly (Eds.), School Psychology: Perspectives and Issues. New York: Academic Press, 1979.

Safer, N., & Hobbs, B. Developing, implementing, and evaluating individualized education programs. School Psychology Review, 1980, 9, 212-220.

Salvia, J., & Ysseldyke, J. E. Assessment in special and remedial education. Boston, Houghton Mifflin, 1978.

Ysseldyke, J. E. Issues in psychoeducational assessment. In G. D. Phye and D. J. Reschly (Eds.), School Psychology: Perspectives and Issues. New York: Academic Press, 1979.